



BOROUGH OF BATLEY.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

TOGETHER WITH THE

REPORT ON THE MEDICAL INSPECTION
OF SCHOOL CHILDREN,

For the Year 1911,

BY

G. H. PEARCE,

Medical Officer of Health,

Medical Officer to the Education Committee

BATLEY:

J. FEARNSIDES & SONS, "FREE PRESS" PRINTING WORKS.

BOROUGH OF BATLEY

1911.

SANITARY COMMITTEE.

The Mayor - - Alderman D. STUBLEY.

Chairman - Alderman G. HIRST.

Vice-Chairman - Councillor B. TURNER.

Alderman F. W. AKEROYD
Alderman J. W. BLACKBURN
Councillor O. ASQUITH
Councillor F. W. H. AUTY
Councillor J. E. CHILD
Councillor R. CLARK
Councillor L. HALL
Councillor W. HALL

Councillor A. MILNES
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Councillor J. RAMSDEN
Councillor J. ROGERS
Councillor J. S. SHEARD
Councillor H. SYKES.
Councillor C. H. TALBOT
Councillor N. WINFIELD

JOSEPH HANSON CRAIK, *Town Clerk.*

EDUCATION COMMITTEE.

The Mayor - - Alderman D. STUBLEY.

Chairman - Alderman G. HIRST.

Vice-Chairman - Councillor B. TURNER.

Alderman S. WARD
Councillor O. ASQUITH
Councillor W. HALL
Councillor H. NORTH
Councillor F. PRIESTLEY
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Councillor H. SYKES

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Mr. E. TALBOT
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Mr. P. GROGAN
Mr. F. OATES
Miss M. G. AUTY
Miss E. CRITCHLEY

G. R. H. DANBY, M.A., (Oxon)., *Secretary and Director.*

Staff of the Health Department

Inspector of Nuisances :

‡ * JOSEPH LINDLEY.

Assistant Inspectors of Nuisances :

GEORGE MILNER, ‡ * THOMAS BENSON.

Health Visitor :

§ † ‡ MARGARET EVELYN HARRIS.

School Nurse :

§ † ‡ * ALICE MUSTO.

Public Analyst :

F. W. RICHARDSON, F.I.C., F.C.S.

Veterinary Surgeon :

G. WHITEHEAD, M.R.C.V.S.

Clerks :

FRANCIS WHITEHEAD, NORMAN TURNER.

* *Associate of the Royal Sanitary Institute.*

‡ *Holds Nuisance Inspector's Certificate of Royal Sanitary Institute*

† *Holds School Nurse's and Health Visitor's Certificates Royal Sanitary Institute*

§ *Holds Certificate of the Central Midwives' Board*

Medical Officer of Health and School Medical Officer :

GEORGE HARPER PEARCE,

L.R.C.P., L.R.C.S. (Edin.), L.R.F.P. and S.G., D.P.H. (Camb.),

Fellow of the Society of Medical Officers of Health.

Fellow of the Royal Institute of Public Health.

Member of the Royal Sanitary Institute, &c.

Memorandum to Medical Officers of Health on the preparation of their Annual Reports for 1911.

Much importance attaches to annual reports of medical officers of health, which, when carefully and systematically prepared, not only form a record of local conditions but also supply an index of public health work accomplished during the year under report, and of work still needing to be done.

The duties of medical officers of health as to annual reports are contained in different statutes and orders. In the Appendix to this memorandum will be found extracts setting out these duties.

The size and scope of the report will necessarily vary with the character of the district, and the elaborate details of a report for a large city will not be necessary for a report for a small rural or urban district. For every district, however, it is necessary that Tables I.-IV., sent with this memorandum, should be carefully filled up, and that the annual report should review all the local circumstances having important bearing on the public health. The items set out in Art. XIX. (14) of the Order of the Local Government Board (*see* Appendix), should each be the subject of comment, the amount of detail relating to each item—(a) to (m)—varying in accordance with its local importance.

In the following scheme are set out the main headings of subjects, including those given in Art. XIX. (14), concerning which the Board desire to obtain, through annual reports of medical officers of health, not only definite general information, but record also of particular changes of condition that may have occurred incidentally or by action of the sanitary authority. It will be understood that this list of subjects does not pretend to be exhaustive, nor is it intended that each subject should form the subject of full discussion in every report. The list will, however, facilitate systematic reporting, and will enable the medical officers of health to enlarge on any particular subject which may have assumed prominence during the year under report.

A. Natural and Social Conditions of the District.

(1.) Physical features and general character of the district.

(2.) The social conditions, including the chief occupations of the inhabitants; the influence of any particular occupation on public health. The amount of poor-law relief, and the extent to which hospital and other forms of gratuitous medical relief are utilised may advantageously be stated.

The results of the census returns should be utilised when available (especially as to occupations and overcrowding).

B. Sanitary Circumstances of the District.

Water Supply.—The information under this heading should comprise the information set out in Art. XIX. (14) (f). The source of the water supply and possibilities of contamination should be stated. In the case of waters liable to have plumbo-solvent action, any facts as to contamination of the water by lead should be stated, and whether action has been taken during the year in respect of such contamination.

Rivers and Streams.—The presence or absence of pollution of rivers or streams in the district should be noted, as also the sources and nature of any such pollution, and any action taken to check it.

Drainage and Sewerage, as set out in Art. XIX. (14) (h).

Closet Accommodation, as set out in Art. XIX. (14) (i).

Scavenging, as set out in Art. XIX. (14) (j).

Sanitary Inspections of District.—The report should include a classified statement of the number of premises visited, the defects or nuisances discovered, and the action and result of action taken in regard to these. This part of the medical officer of health's report will include the statement prepared by the inspector of nuisances, as set out in the footnote on page 8. (Art. XX. (16) of the Board's General Order of 13th December, 1910.)

Premises and Occupations which can be Controlled by Byelaws or Regulations.—The number and character of such premises and occupations should be given, and any action taken in regard to lodging-houses, cellar dwellings, offensive trades, &c., should be stated.

Schools, especially public elementary schools ; sanitary condition of, including water supply ; action taken in relation to the health of the scholars and for preventing the spread of infectious disease.

In reference to schools the Memorandum on Medical Inspection of Children in Elementary Schools (Circular 576) issued by the Board of Education in November, 1907, dealing with the duties thrown upon Local Education Authorities in this respect by Section 13 of the Education (Administrative Provisions) Act, 1907, and also Circulars 582 and 596 issued by the Board of Education in February and August, 1908, should be consulted. The above Act does not confer powers in supersession of those heretofore exercised generally in a public health sense by sanitary authorities under previous enactments ; rather it is supplementary to existing Public Health Law in that it requires supervision of the health of the individual child.

Where the medical officer of health is also school medical officer it may be convenient that the annual report which he is required to make in the latter capacity should be issued together with his annual report on the health of his district. In any case, whether the medical officer of health is or is not himself the school medical officer, he should state in his annual report what arrangements are in force for the discharge of the duties of the latter office, and for the medical inspection of children in public elementary schools in the district.

Food.—

(a.) *Milk Supply.*—The wholesomeness of the milk produced within or imported into the district should be reported upon ; also the administration of the Dairies, Cowsheds, and Milkshops Orders ; and any action taken as to tuberculous milk (Art. XIX. (14) (d)), whether under local Acts or under Articles 13 and 15 of the Dairies, Cowsheds, and Milkshops Order of 1885, and Article II. of the Dairies, Cowsheds, and Milkshops Order of 1899.

(b.) *Other Foods*.—The following items should receive special attention:—Unsound food and food inspection; sanitary condition of premises where foods are prepared, stored, or exposed for sale. The condition of bakehouses. Meat inspection, disease in meat, and condition of slaughterhouses. Action under Section 117 of the Public Health Act, 1875. Number of carcasses and parts of carcasses condemned for tuberculosis (Art. XIX. (14) (e)).

(c.) *Sale of Food and Drugs Acts*.—A statement of the work done by the Local Authority under these Acts should be included, with observations on special questions which have received or required attention.

Housing.—A statement should be given as set out in Art. XIX. (14) (k) of the Board's General Order of 13th September, 1910, and in Art. V. of the Housing (Inspection of District) Regulations of 2nd September, 1910, which are quoted in the Appendix.

The report as to housing should comprise also a statement as to adequacy of houses for artisans and labourers, in relation to the chief occupations in the district, as to the prevalence of overcrowding, the sufficiency of open space about houses, and cleanliness of surroundings. Also as to supervision over erection of new houses.

The Board attach much importance to exact detail under this heading and in the absence of sufficient information a supplementary report is often required.

Workshops, Work-places, etc.—The information required under this heading is set out in the special tables of the Home Office enclosed with this memorandum.

A copy of the report should be addressed to the Secretary of State, Home Office, Whitehall.

C. Sanitary Administration of the District.

In addition to the record under each of the preceding headings, it will be well to give a separate summary of certain of the main branches of public health administration. Among these may be specially mentioned the following:—

1. Work of inspectors of nuisances and other officers engaged in sanitary work.

2. Hospital administration, in relation to the acute infectious diseases and to tuberculosis.

3. Administration of local Acts or general adoptive Acts in force in the district, of both of which a list should be included in the report. It is important that exact information should be given as to any action taken under local or adoptive Acts.

4. Chemical and bacteriological work during the year.

In addition to any report by the public analyst, which it may be considered desirable to append to the medical officer of health's report, the medical officer of health should review the chemical and bacteriological work of the year in his report.

D. Prevalence of and Control over Acute Infectious Diseases.

In addition to the statistical information comprised in Table II., it is important that the annual report should, in regard to each acute infectious disease, give information as to the source and method of spread of infection and administrative action to restrain its spread. The completeness of the annual report in these respects will depend on the accuracy of the record which has been kept as to each case of disease. By means of such records the relative share of personal infection, school attendance, water or milk supply, the consumption of other articles of food, &c., can be analysed for the purposes of the annual report.

The annual report should state whether and to what extent bacteriological aids to diagnosis have been utilised, action taken to discover "contacts," arrangements for isolation and disinfection, as well as any action taken to deal with special difficulties, *e.g.*, return cases, carrier cases, &c.

Non-notifiable infectious diseases should be similarly reported upon, so far as the less complete information enables this to be done. The extent to which school intimations of disease are utilised should be stated.

E. Prevalence of and Control over Tuberculosis.

A statement should be given of notifications of pulmonary tuberculosis, of the inquiries made in such cases, and of action taken. A statement should be given as to attempts to ascertain the existence of earlier unrecognised cases in association with the notified cases of disease. A statement should be added of the amount of sanatorium and hospital accommodation for early, intermediate, and advanced cases of pulmonary tuberculosis, including any special accommodation in infirmaries.

F. Investigation of Other Diseases.

The report should contain an account of "any influences threatening the health of the district" (Art. XIX. (1) of the Board's General Order). It should also embody the results of inquiries into "the causes, origin, and distribution of diseases within the district," and "to what extent the same have depended on conditions capable of removal or mitigation" (Art. XIX. (2)). The excessive prevalence of rickets, of acute rheumatism, of diarrhoea and enteritis, or of pneumonia should be noted, and the weekly returns of deaths should be examined for evidence of excess of any one disease. Comments should be made on any outbreaks of food poisoning.

G. Means for preventing Mortality in Childbirth and in Infancy.

A statement of the administration of the Midwives Act, 1902, should be included, when the sanitary authority is the authority under this Act.

The prevention of infant mortality should be considered in the report; and the methods of work in connection with the Notification of Births Act, 1907, when adopted, should be described.

Table IV., issued by the Board, enables the chief facts as to infant mortality to be recorded in detail. Much valuable information facilitating the concentration of efforts for the prevention of infant mortality upon the districts where they are most needed, can be derived from rates of infant mortality calculated for special areas within the district.

H. Vital Statistics of the District.

(Tables I.-IV.)

The tabular statements of sickness and mortality in the district during the year, to be made on the forms supplied herewith for the purpose, should be the subject of comment in the text of the report, with a view to elucidating the origin and means of prevention of disease.

It is essential that before preparing the figures for these tables the headings, footnotes, and other notes attached to each table should be carefully studied.

The tables for 1911 have been altered in certain important particulars, and their number has been reduced from five to four.

The alterations have resulted from the Registrar-General's decision to publish from the commencement of 1911 statistics of causes of death for administrative, instead of, as hitherto, for registration (or poor law) areas. This implies that his statistics will relate to the same areas as those for which statistics are compiled by medical officers of health; and it has therefore, been deemed necessary both by the Local Government Board and by the Registrar-General that steps should be taken to minimise the risk of serious discrepancy between the two sets of figures.

With this object in view a common procedure has been arranged as to the inclusion in the statistics of each district of all the deaths properly belonging to it, *whether occurring in institutions or not*; and steps have been taken to ensure that each medical officer of health shall receive the necessary particulars with regard to deaths of persons dying outside the district in which they resided. Precise information on these points will be found in the footnotes to Table I. *The directions therein contained must be scrupulously adhered to* in order that the death-rates of districts as set forth in Table I. may substantially coincide with those which the Registrar-General will publish later in his annual report.

As, moreover, agreement with the national statistics is requisite not only with regard to the number of deaths from all

causes, but also from individual causes or groups of causes, a list of causes of death, condensed from that known as the "International List" and very widely used in other countries, has been adopted by the Board for use in Table III. and by the Registrar-General in his annual report, to replace the lists formerly used by both.

The compilation of Table III. will be systematised by the issue to medical officers of health of a Manual of Causes of Death prepared by the Registrar-General. This will define the contents proper to the various items in the list, and will show how each form of death certificate should be classified. When carefully used it will enable medical officers of health to tabulate their death returns on a definite and uniform system, identical with that in use in the General Register Office. The complete International List of 189 headings is recommended for use in populous districts where a more detailed statement is desirable than that provided for in Table III.

Births occurring in workhouses and lying-in hospitals will in future be allocated as far as possible in the returns of the Registrar-General to the areas in which the parents reside. In order that similar corrections may be made by medical officers of health, it has been arranged that they will be furnished with a statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar. This total should be entered in col. 3 of Table I., and the result of its correction for institution births in col. 4.

The various other minor and consequential changes in the tables are either self-explanatory or are commented upon in the footnotes to the tables.

Printing of Report.—The annual report may be made a valuable means of educating the public in matters of public health, of warning them against particular dangers, and of securing co-operation between them and the sanitary authority and their officers. Much value also attaches to exchange of copies of annual reports with the medical officers of health of other districts, in order that experiences may be compared. These advantages can only be secured by having the report printed, and distributed

to each member of the sanitary authority and to other persons interested in its subject. It will be convenient to the Board if the report is bound in octavo size.

Date of Report.—The report should be completed as soon as practicable after the expiration of the year to which it relates. The medical officer of health ought not to find it difficult to do this within two months, but if from any special circumstances the report cannot be completed within this period, the report should be in the hands of his council, and of the Board, within, at most, three months from the end of the year.

Medical officers of health sometimes delay issuing their annual reports in order to incorporate in them some of the statistics of the Registrar-General for the same year. The rates usually required for this purpose are given in the Quarterly Return of Births and Deaths of the Registrar General for the last quarter of the year in question, which is published about six weeks after the end of the year; and the figures of greatest importance are published in the two chief medical journals of about the fourth week in January, in advance of the publication of the quarterly return.

The compilation of Table 1. in accordance with the rules stated in the footnotes thereto implies waiting for the lists of transferable births and deaths which the Registrar-General will supply either directly or through the county medical officer of health. There may be some delay in the first year of the new arrangement in the receipt of these lists for the fourth quarter of 1911. The medical officer of health should not, however, delay the completion of his annual report beyond the period indicated above. It may be pointed out that even though the statistics may thus only be fully corrected for three-fourths of the year, they will in most instances be more nearly correct than has hitherto been practicable.

Distribution of Report.—Copies of the annual report presented by the medical officer of health to the sanitary authority should be sent in accordance with the instructions given in Art. XIX. (16) of the Board's Order as set out in the Appendix.

The three copies of the report to be sent to the Local Government Board should be addressed to the Secretary of the Board.

The need for sending a copy of the report to the Home Office (*see* p. 10) should be borne in mind. A copy of the report should also be sent to the Privy Council and the Central Midwives Board when required under Art. XIX. (16).

ARTHUR NEWSHOLME,

Medical Officer.

Local Government Board.

October, 1911.

APPENDIX.

1ST. *Extract from the General Order of the Local Government Board (13th December, 1910).*

ARTICLE XIX.—The following shall be the duties of the medical officer of health in respect of the district for which he is appointed; or if he is appointed for more than one district, then in respect of each district:—

- (14.) He shall as soon as practicable after the thirty-first day of December in each year make an annual report to the council, up to the end of December, on the sanitary circumstances, the sanitary administration, and the vital statistics of the district.

In addition to any other matters upon which he may consider it desirable to report, his annual report shall contain the information indicated in the following paragraphs; together with such further information as we may from time to time require:—

(a) An account of any influences threatening the health of the district, the prevalence of infectious or epidemic diseases therein, and the measures taken for their prevention.

(b) An account of all general and special inquiries made during the year.

(c) An account of the work performed by the inspector of nuisances during the year, including the statement supplied in pursuance of Article XX. (16) of this Order.*

(d) A statement as to the conditions affecting the wholesomeness of the milk produced or sold in the district.

(e) A statement as to the conditions affecting the wholesomeness of foods for human consumption, other than milk, produced or sold in the district.

(f) A statement as to the sufficiency and quality of the water supply of the district and of its several parts, and in areas where the supply is from waterworks, information as to whether the supply is constant or intermittent.

(g) A statement as to the pollution of rivers or streams in the district.

(h) A statement as to the character and sufficiency of the arrangements for the drainage, sewerage and sewage disposal in all parts of the district.

(i) A statement as to the privy, water-closet, and other closet accommodation in the district, including information as to the approximate number of each type of privy and closet.

* Art. XX. (16) states: He (the inspector of nuisances) shall, as soon as practicable after the thirty-first day of December in each year, furnish the medical officer of health with a tabular statement containing the following particulars:

- (a) the number and nature of inspections made by him during the year;
- (b) the number of notices served during the year, distinguishing statutory from informal notices;
- (c) the result of the service of such notices.

(j) A statement as to the character and efficiency of the arrangements for the removal of house-refuse, and the cleansing of earth-closets, privies, ashpits, and cesspools in the district.

(k) A statement with regard to the housing accommodation of the district as required by Article V. of the Housing (Inspection of District) Regulations, 1910, and an account of any other action taken by the council under the Housing, Town Planning, &c. Act, 1909, bearing on the public health.

(l) A statement as to the vital statistics of the district, including a tabular statement, in such form as we may from time to time direct, of the sickness and mortality within the district.

(m) Where the medical officer of health is appointed by the council of a county borough, or by a council having delegated powers under the Midwives Act, 1902, a statement as to the administration of that Act in the district:

Provided that, if the medical officer of health shall resign or be removed before the thirty-first day of December in any year, he shall as soon as practicable after going out of office make to the council the like report for so much of the year as shall have expired when he ceased to hold office.

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- (16.) He shall transmit to us three copies of each annual report and one copy of any special report. At the same time that he transmits to us the copies of his annual report or of any special report, or that he reports to us a case of plague, cholera, or small pox, he shall transmit a copy of the report or give the like information to the county council or county councils of the county or counties within which the district is situated. Where the medical officer of health is

appointed by the council of a county borough, or by a council having delegated powers under the Midwives Act, 1902, he shall also transmit to the Privy Council and to the Central Midwives Board either a copy of his annual report or of that part of it which contains the statement relating to the administration of the Midwives Act, 1902.

2ND. *Extract from the Housing (Inspection of District) Regulations, 1910 (September 2nd).*

ARTICLE V.—The medical officer of health shall include in his annual report information and particulars in tabular form in regard to the number of dwelling-houses inspected under and for the purposes of Section 17 of the Act of 1909, the number of dwelling-houses which on inspection were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, the number of representations made to the local authority with a view to the making of closing orders, the number of closing orders made, the number of dwelling-houses the defects in which were remedied without the making of closing orders, the number of dwelling-houses which after the making of closing orders were put into a fit state for human habitation, and the general character of the defects found to exist. He shall also include any other information and particulars which he may consider desirable in regard to the work of inspection under the said Section.

3RD. *Extract from the Factory and Workshop Act, 1901.*
Section 132 of the above Act requires that—

The medical officer of health of every district council shall, in his annual report to them, report specifically on the administration of this Act in workshops and work-places, and he shall send a copy of his annual report or so much of it as deals with this subject, to the Secretary of State.

Public Health Department,
Batley.

March 16th, 1912.

TO THE CHAIRMAN AND MEMBERS OF THE
SANITARY COMMITTEE.

Gentlemen,

In accordance with the requirements of the Local Government Board and in the form prescribed by that Board I have compiled this Report upon the Health of the Borough of Batley during the year 1911, and it gives me pleasure to submit the same for your information and consideration.

The Report to the Education Committee on the Medical Inspection of Elementary School Children in the Borough has been drawn up in accordance with the requirements of the Board of Education, and it is to be found in the latter portion of this volume.

During the period under review an increased amount of work has been required from the Public Health Department, and there is every prospect of this work still increasing further.

A weekly return of all cases of notifiable disease has now to be made to the Local Government Board and to the County Council.

Until 1911 there was a lack of uniformity between the Local Tables prepared by Medical Officers of Health and those prepared for the same localities by the Registrar General.

The Local Sanitary Areas differed in extent from the registration areas of the Registrar General, and there were a number of other variations. A series of reforms has been introduced. The Registrar General has adopted the Sanitary Area as a geographical basis of his calculations, has instituted a new system of circulating information relating to Transferable Deaths to the Localities concerned, and has adopted the International List of causes of death as his basis of tabulation the list being also issued to Medical Officers of Health.

The Local Government Board has also adopted this list as the basis of the tables required in the annual reports of Medical Officers of Health, and the statistics in this present report have been compiled in accordance therewith. Increased accuracy and uniformity of tabulation should be the result.

Whilst there is an increase in the birth rate I regret to have to state that the general death rate and the infantile death rate are higher than in the preceding year. Such phenomenal figures as the various vital statistics over the whole of the country for the last three years, although very welcome, were known to be abnormal and a continuance could not be looked for indefinitely.

The year 1911 proved to be the turning point and a perusal of the sections of this report upon Zymotic Enteritis, Enteric Fever, and Infantile Mortality, will show how well the Borough has compared with the figures in previously very hot years, and should encourage you to persevere in the work of improved sanitation now being so vigorously undertaken.

As in the previous year I must thank you for your consideration and courtesy extended to me at all times. I am also indebted to the members of my staff for their energy and for their assistance. A word of recognition is particularly due from me to Mr. Thomas Benson who has considerably assisted me in the preparation of the various charts and diagrams.

I beg to remain,

Mr. Chairman and Gentlemen,

Your obedient Servant,

G. H. PEARCE.

SUMMARY OF STATISTICS, 1911.

Population at Census of 1911	...	...	...	...	36,395
Number of families or separate occupiers at Census of 1911	...	...	...	...	9,115
Area of Borough (in acres)	...	...	...	...	3,227
Density of population (i.e., number of persons per acre)	...	...	...	...	11.2
Number of Births	...	...	...	(Males 409) (Females 443)	852
Birth Rate per 1,000 living	...	...	...	...	23.3
Number of Deaths	...	...	...	(Males 314) (Females 323)	637
Death Rate per 1,000 living	...	...	...	...	17.4
Death Rate from Seven Zymotic Diseases per 1,000 living	...	...	...	...	2.7
Phthisis Death Rate per 1,000 living	...	...	...	...	0.9
Death Rate per 1,000 from other forms of Tuberculosis	...	...	...	...	0.6
Death Rate from all forms of Tubercular Diseases, including Phthisis	...	...	...	...	1.5
Death Rate from Diseases of Respiratory Organs, other than Tuberculosis	...	...	...	...	2.5
Infantile Mortality, i.e., death rate of children under 1 year per 1,000 births	...	...	...	...	187

PHYSICAL FEATURES.

Batley is a municipal borough situated in the West Riding of Yorkshire, eight miles south of Leeds and about an equal distance from Bradford.

The London and North Western and Great Northern Railway Companies have a joint station and both companies have a line from Batley to Leeds, the former passing through Morley and the latter running through Woodkirk and Beeston. The Great Northern Railway Company also gives access to Bradford and provides frequent communication with London, whilst the London and North Western Railway Company affords direct communication with Manchester and Liverpool. The Yorkshire (Woollen District) Electric Tramways, Ltd., provide a service by which it is easy to reach Bradford, Dewsbury, Cleckheaton, Heckmondwike, Birstall, Wakefield, etc.

The parish of Batley includes the hamlets of Brownhill, Carlinghow, Clark Green, Havercroft, Chapel Fold, Healey, Staincliffe, White Lee, Upper Batley, Kilpin Hill, Purlwell, and part of Batley Carr.

The town was constituted a municipal borough by Royal Charter, on the 8th December, 1868, and is governed by a Mayor, Aldermen, and Councillors, and is divided into four wards.

The Borough has a separate Commission of the Peace.

Geologically, Batley is situated mostly upon clay, under which is sandstone, through which are reached the various beds of coal. The situation is fairly hilly, most of the town being built upon rising ground, with a valley running through it. The highest point in the Borough is near the old Windmill, Upper Batley, being 475 feet above sea level. The lowest point is near Jack Lane, Bradford Road, Batley Carr, it being 150 feet above sea level. A peculiar feature is the fact that 450 feet above sea level is the height which is common to most of the landmarks seen from the lower lying parts of the Borough, viz.:—Staincliffe, near the Church, 450; Soothill, near the Colliery, 450; Brownhill, near the Vicarage, 450; and Upper Batley Lane, 450.

SOCIAL CONDITIONS.

Batley is entirely an industrial town. The chief occupations of the inhabitants are the manufacture of heavy woollen goods and the making of shoddy and mungo. The rag trade is also responsible for the employment of a large proportion of the inhabitants. The bulk of the workers are employed in the numerous mills in the town both males and females following their occupation there. It is quite usual for husbands and wives to work together at the same mill. The rest of the workers amongst the population of the Borough find employment in the coal mines, a large proportion of miners residing in the town, at ironworks, on the railway, as teamers, as general labourers, etc.

It might readily be assumed that persons employed in the rag trade would frequently contract infectious diseases owing to the danger of handling rags which come into the town from all parts of the world. Such however is not the case. I have found no reason to suspect that any outbreaks of infectious disease have been caused through handling rags during the period I have been Medical Officer of Health, and I believe such has been the experience of my predecessors. No particular occupation in Batley appears to have a deleterious influence upon the public health.

RATEABLE VALUE.

The rateable value of property within the Borough amounts to £143,599 0s. 0d. A penny rate realises the sum of £540 in round figures.

PARLIAMENTARY VOTERS.

The number of voters on the Parliamentary Register for Batley for the year 1912 is 5663.

POOR LAW RELIEF.

The amount expended in out-door relief in the Parish of Batley during the year ended December 31st, 1911, was £1,023 10s. 3d. Apart from the Poor Law, gratuitous medical relief is obtained at the Batley and District Hospital, an institution

established in 1878, supported by voluntary contributions and containing 45 beds. A consulting physician, a consulting surgeon, and five honorary medical officers are attached to the Hospital. Further gratuitous medical relief is also obtained by Batley inhabitants at the Bradford and Leeds Infirmarys in some cases.

POPULATION.

Fortunately during the year 1911 the Census was taken, thus enabling a more correct figure to be obtained upon which to base the vital statistics of the Borough.

The population of Batley was found to be 36,395 as against 30,321 at the Census of 1901. The number of inhabitants had therefore increased by 6,074. The Registrar General's estimate of the population of Batley for the middle of 1910 was 36,818, which was proved by the Census taken some ten months later to have been an over estimate. Judging by the natural increase of births over deaths it was thought that the Registrar General's figures would prove to rather under estimate the population, but such was not the case.

It would be a great advantage in many ways if an interval of only five years elapsed between each Census. Ten years is looked upon as rather too long a period. Many parts of the country have quite altered during the last decennial period, Rural Districts having lost their characteristics and become Urban. An instance not far away from us is the great development which is taking place in connection with the South Yorkshire coalfield. There are indications that in the future something may be done in the direction of a quinquennial census being taken.

DENSITY OF POPULATION.

An improvement in the figures given at the 1901 Census is shown on the basis of the figures for 1911. We now have 11.2 persons per acre against 14.8 in 1901. The cause of this is not any great improvement in the housing of the people, however, but is mostly owing to the inclusion of a large portion of the Urban District of Soothill Upper within the Borough boun-

daries, this district containing a considerable amount of agricultural land. The following table shows the population of each of the four wards in the Borough, a comparison being made with the populations at the 1901 Census.

Ward	Population 1901 Census.	Population 1911 Census
East	11,855	12,148
North	10,853	11,116
West	7,613	8,171
Soothill		4,960
Whole Borough	30,321	36,395

The mortality of any district is adversely affected whenever there are shown to be more than 400 persons to each square mile.

In Batley there are approximately 7,279 persons to each square mile.

The death rates of many of our towns still remain much higher than would be the case if a less number of houses had been built to the acre in years gone by. Much improvement is being made in this direction throughout the country, and the general death rate will correspondingly fall.

The following figures show how the population of Batley has steadily progressed since 1851 :—

Year.	Population of Batley.
1851	9,308
1861	14,173
1871	20,868
1881	27,508
1891	28,719
1901	30,321
1911	36,395

MARRIAGES.

I have made enquiry, and I regret that the Clerk to the Dewsbury Union is unable to give the figures for Batley for 1911, they not being available. It is usual to make reference to the marriage rate in an annual report on the health of a district, it being a means of affording some index to local prosperity. The age at marriage has a direct influence upon the birth rate, the parents of nearly half the children born in this country being under thirty years of age.

The average number of births to a marriage is about 4.5 throughout England and Wales.

METEOROLOGY.

I am indebted to the Borough Engineer for the following table of figures:—

Rainfall for the Year.			
January	0.76 inches.	12	days.
February	2.28	12	„
March	1.02	19	„
April	1.02	15	„
May	1.12	8	„
June	3.12	11	„
July	0.24	7	„
August	2.04	12	„
September	2.44	11	„
October	2.54	19	„
November	3.28	20	„
December	3.66	26	„
	<hr/> 23.52	<hr/> 172	

Although 1911 was a year in which much suffering was caused by drought it is remarkable that rain fell within the Borough of Batley during some portion of 172 days against 182 days the previous year, a difference of only 10 days. The rainfall amounted only to 23.52 inches against 30.26 inches in 1910.

July was the driest month of the whole year to which is attributable, to a large extent, the loss of a number of infants' lives from Diarrhoea. The rainfall in January was also very slight being only 0.76 inches.

About 35 inches of rain annually fall in England and Wales, but the amount varies in different parts of the country, between 20 and 25 inches falling in the Eastern Counties, whilst in some parts of Cumberland as much as 150 inches of rain have been known to fall within the year.

An inch of rain is equal to 4,673 gallons to each square yard, or by weight, 101 tons to each acre.

The prevailing wind in Batley is westerly, it being in this direction for about nine months in the year.

I regret I have been unable to obtain the figures for temperature during 1911, no instruments being available. We know however that the year just passed has produced the hottest day at Greenwich which has ever been experienced since records were kept.

The two exceptionally hot seasons recently have been in 1897 and 1904, when the meteorological conditions during those two years were the nearest approach to what we have just experienced, although the weather was neither so hot nor so dry as in the summer of 1911.

WATER SUPPLY.

The Borough of Batley is supplied with water from its own reservoirs situated amongst the hills near Holmfirth. These reservoirs are three in number, and are known as the Yateholme, Riding Wood, and Ramsden. An additional supply is obtained from the Dewsbury and Heckmondwike Water Board.

The Urban District of Soothill Upper was supplied with water by the Halifax Corporation, and the part of this district absorbed into Batley still retains this source of supply.

The Borough therefore derives its water from three sources.

YATEHOLME RESERVOIR.

The area at top water level is about 16 acres. The depth from top water level to the bottom of the discharge pipe is 38 feet 8 inches. The capacity of this reservoir is approximately 90,000,000 gallons, and its drainage area is 322 acres. The streams flowing into it are the Great Bent Dike, the Ramsden Clough, the Boggery, the Gussett and Holme Woods Dikes.

The compensation of the millowners to be sent from this reservoir is $50\frac{1}{2}$ cubic feet, or 315 gallons per minute, during twelve hours of each of the working days of the year, except Saturdays, and during seven hours of each Saturday.

The water from this reservoir is conveyed to the valve wells at the foot of the Riding Wood reservoir embankment by a line of 12-inch pipes.

RIDING WOOD RESERVOIR.

The area at top water level is about 10 acres. The depth from top water level to the mouth of discharge pipe is 59 feet. The capacity of this reservoir is approximately 54,700,000 gallons, and its drainage area is 583 acres. The stream flowing into it is the Ramsden Clough.

The compensation for the millowners to be sent from this reservoir is 91 cubic feet, or $567\frac{1}{2}$ gallons per minute during twelve hours of each of the working days of the year, except Saturdays, and during seven hours of each Saturday.

The water from this reservoir joins the waters from the Yateholme Reservoir at the valve wells at the foot of this embankment, and is conveyed thence to the valve wells near Brown Hill Mills, on the western bank of the river Holme, by a line of 12-inch pipes, and thence to the reservoir at Staincliffe by a line of 15-inch pipes.

RAMSDEN RESERVOIR.

The area at top water level is about 12 acres.

The depth from top water level to the bottom of discharge pipe at the shaft is 67 feet 9 inches.

The capacity of this reservoir is 86,773,000 gallons, and its drainage area is 692 acres.

The stream flowing into it is Netherly Clough and the overflow from Yateholme and Riding Wood Reservoirs.

The compensation of the millowners to be sent from this reservoir is 250 cubic feet, or 1,557½ gallons per minute (this includes the compensation from Yateholme and Riding Wood Reservoirs) during twelve hours of each of the working days of the year, except Saturdays, and during seven hours of each Saturday.

No water is discharged on Good Friday, Christmas Day, and Sundays.

The water from this reservoir joins the water from the Yateholme and Riding Wood Reservoirs at a well near the embankment, and is conveyed thence to the wells near Brown Hill Mills, on the western bank of the river Holme by a line of 12-inch pipes, and thence to the reservoir at Staincliffe by a line of 15-inch pipes.

An annual available rainfall of 27 inches on the watershed of the Batley water works, with the impounding capacity of Yateholme, Riding Wood, and Ramsden reservoirs, will, in addition to giving the required amount of compensation water to the Holme Valley millowners, provide for a daily consumption of 1,213,757 gallons during a drought of 150 days.

STAINCLIFFE RESERVOIR.

This is a large service reservoir situated within the Borough. The depths of this reservoir are 15 and 25 feet. The capacity is 3,336,000 gallons. The water is distributed from here to the consumers by lines of pipes 12 in., 10 in., and 9 in. diameter.

The whole of the water received in Batley for domestic purposes comes from the Moorlands. The water coming from the Dewsbury and Heckmondwike Board is treated with chalk before reaching the consumers. A minimum of 1,000,000 gallons

weekly is agreed to be supplied by this Board to the Batley Corporation. The water from the Halifax Corporation is not treated, neither is the water from the reservoirs of the Batley Corporation.

The water supply is constant. It amounts to 42 gallons per head per day.

During the very severe drought of the summer of 1911 there was no scarcity of water within the Borough, and it was never necessary to curtail the supply at any time.

Having regard to the source of the water supply it is a matter for apprehension that cases of lead poisoning may periodically occur. No fatal case has taken place during the year, and I am aware of the existence of only two slight cases in the summer. Both were due to the existence of abnormally long lengths of lead service pipes to the homes, and these pipes were very old having been laid down many years ago. The substitution of iron service pipes removed the danger to the occupants of the two houses which were located in White Lee Road and Common Road respectively.

During October I received the following letter from the Medical Officer of Health to the West Riding County Council:—

Public Health Department,
County Hall,
Wakefield.

17th Oct., 1911.

My dear Sir,

I am undertaking a general enquiry as to the present plumbo-solvent action (if any) of the various public water supplies in the Riding, and for this purpose I am asking each Medical Officer of Health to forward me 2 samples from an ordinary leaden service pipe.

I enclose two bottles and should be glad if you would undertake the following for me:—

(1). Collect one sample first thing some morning so as to represent water which has stood all night in the pipe;

(2). Then run a bucketful to waste, close the tap, and after half an hour collect another sample representing water which has stood in the pipe for a measured period of half an hour.

I will acquaint you of the result of the examination.

Yours faithfully,

(Signed) JAMES ROBT. KAYE.

Dr. Pearce,

Batley.

The samples were taken from the tap in the Public Health Department and forwarded to Wakefield. The following letter was received in consequence:—

Public Health Department,

County Hall,

Wakefield

23rd Oct., 1911.

My dear Sir,

Plumbo-Solvent Water.

I beg to inform you that the samples of water which you recently collected and forwarded to me have been tested for lead in solution, with the result shown below.

I am,

Yours faithfully,

(Signed) JAMES ROBT. KAYE.

(1). Standing all night = A trace of lead.

(2). Standing half hour = Nil.

Dr. G. H. Pearce,

Batley.

For the following analytical reports I am indebted to the Water Engineer.

County Analyst's Office,

Bradford.

Feb. 16th, 1912.

Analytical Report upon 3 samples of water from Batley Corporation.

Received Feb. 15th, 1912.

Grains per Gallon	No. 1. Ramsden	No. 2. Dewsbury & Heckmond- wike	No. 3. Halifax
Total solid matters ..	3.00	5.00	5.0
Chlorine (combined)	.55	.6	.7
Nitrites ...	None	None	None
Nitrogen as Nitrates	None	Trace	Trace
Free Ammonia ...	.0042	.0056	.0021
Albuminoid Ammonia	.0021	.0035	.0042
Lead ...	None	None	None
Total Hardness (Clark's Scale) ...	1.8	2.3	2.3

These waters are all organically pure. They are also so extremely soft that the comparative absence of such alkaline substances as lime and magnesia is indicated, consequently there may be a danger of these waters acting upon lead under certain circumstances. This feature should be carefully watched.

F. W. RICHARDSON.

NOTE.

No. 1. Batley Water from Ramsden Reservoir as received at Staincliffe Service Reservoir.

No. 2. „ „ „ Dewsbury and Heckmondwike Joint Board as received at Staincliffe Service Reservoir.

No. 3. „ „ „ house in Soothill as received from the Halifax Corporation.

J. C. BARROWCLOUGH.

POLLUTION OF RIVERS AND STREAMS.

The Batley Beck is polluted by dye waters and trade waste. The Authority which exercises supervision is the West Riding of Yorkshire Rivers Board. During October on the recommendation of the Manufacturing Pollutions Committee of this Board it was resolved to warn a firm of Batley manufacturers "that unless satisfactory means are adopted by November 30th, 1911, to prevent the discharge of polluting trade liquids into the stream, legal proceedings will be considered."

SEWAGE AND SEWAGE DISPOSAL.

For most of the following information I am indebted to the Borough Engineer.

New Sewers. During the year 1911 new sewers have been laid in Track Road and Thorncliffe Road, a number of new villas having been erected upon the Carlton Grange estate. Certain street widening improvements have also taken place here.

New sewers have also been laid and completed in Upper Batley Lane and Boggard Lane.

At the end of 1910 twelve houses at Primrose Hill were still unconnected to the new sewer which had been laid to take the sewage from the 57 houses there. During this year these houses have been connected and considerable improvement is the result. Previously all houses at Primrose Hill drained into cesspools which were a continual nuisance and a source of pollution to the beck running in front of the houses along Lady Ann Road.

Frequently complaints were received from the West Riding of Yorkshire Rivers Board. The new sewer takes the whole of the sewage from the houses direct into the main sewer in Lady Ann Road.

The General Works Committee have given instructions for plans and estimates to be prepared for the sewerage and drainage of Back Primrose Hill. The Sanitary Committee have issued notices to the several owners to abate the nuisance existing from the privies and for the conversion of these privies to the water

carriage system. When this has all been completed, which should be before the end of 1912, the sanitation of Primrose Hill will be very superior to what it has been in the past.

The sanction of the Local Government Board was obtained during 1912 for borrowing £3,021 to be used in the construction of sewers to drain into the sewers of the East and West Ardsley districts about 600 acres in the Hey Beck district of the Soothill Ward. The work is now in progress and will considerably improve the sanitation of this portion of the Borough.

The main outfall works are about six acres in extent and are situated near Bradford Road within the Borough. Owing to the hilly nature of the town and the question of levels and fall, it is not possible to drain every portion into the sewage works, and there are therefore various arrangements made for dealing with the sewage as follows:—

- (1). About 700 acres from the Soothill Ward drain into the Dewsbury sewers.
- (2). $2\frac{1}{4}$ acres drain into the Dewsbury sewers (Cresswell Lane).
- (3). 60 acres drain into the Heckmondwike sewers.
- (4). Small Sewage Works at Howden Clough which purify the sewage of that district.
- (5). Small Sewage Works at Howley Beck.
- (6). Small Sewage purification works at Lamplands Nursery.

The surface water and storm waters open directly into the Batley Beck or its tributaries.

There are six outfalls for the sewage. The main outfall is $2\frac{1}{4}$ miles long and there are about 28 miles of contributory sewers, exclusive of those in the Soothill Ward.

The sewage gravitates into a detritus tank, except the sewage from Batley Carr, which is pumped in. The capacity of this tank is 94,000 gallons. From here the sewage is pumped to a septic tank having a capacity of 1,750,000 gallons, and thence gravitates to bacteria beds. During 1910 three additional bacteria beds were constructed.

Three Dortmund Tanks are now in course of construction for the purpose of intercepting the solids passing from the septic tank to the filter beds. The dry weather flow to the main outfall works at Bradford Road, including trade refuse, is 550,000 gallons in twenty-four hours.

Storm water beds are provided, 2,800 yards in area and three feet deep.

Ventilation of the sewers is performed by manholes and shafts. The sewers are flushed frequently by special carts which have each a capacity of 300 gallons of water.

CLOSET ACCOMMODATION.

Much progress has been made during 1911 in the conversion of conveniences, and at the close of the year the 3,364 privies of the previous year had been reduced to 2,529.

The following figures show the extent to which the dry and the water carriage system prevailed in Batley at the 31st December, 1911:—

Dry Ash Places	2,199	
Ashpits connected with Privies ...	550	
Privies	835	} 2,529
Ash Privies	1,443	
Pail Closets	251	
Water Closets	4,064	} 4,386
Trough and Waste Water Closets ...	322	
Blocks of Trough and Waste Water Closets...		97

During the year 751 closets were re-constructed as water closets.

Additional water closets were provided for old property to the number of 172, and eighty-three new water closets were erected to new houses, giving a total of 1,006 water closets provided in the Borough during 1911.

At the present rate of progress all the privies and pail closets in Batley should be abolished in between three and four

years' time. A number of deaths have taken place during the year from diseases which are specially prone to frequent towns where privies exist. The statement that where the water carriage system exists the death rate is lower than where the privy system exists has been proved over and over again. It is a thoroughly settled fact long past the discussion stage and is one of the most elementary rules to be observed where steps are taken to improve the health of a town. Objections do arise on the grounds of expense and liability to damage from the effects of frost in winter. To the first objection the answer is that the saving of the lives of the inhabitants, more especially young children, must come before thoughts of the cost of converting a privy into a water closet. To the second objection the answer is that at the most there is only a probability of the frost being severe enough to freeze a water closet one or two days a year, and if only reasonable precautions are taken by the tenants even this will not occur.

The contrast presented in cleanliness between the one system and the other is so apparent that it is unnecessary to say anything upon this point.

There still exists 97 blocks of trough and waste water closets in Batley. A man is employed to let off these closets daily. Trough closets are certainly an improvement on the old fashioned privy, but there are few trough closets which are not frequently a source of nuisance, especially in the hot weather. The abolition of these trough closets will be beneficial. There should also be a financial gain for at the present time the Sanitary Committee pay 25s. per week in wages to the man before mentioned, who is doing work which will be unnecessary when single water closets are substituted.

In my opinion no house should be erected without its own water closet, which should be inside the building. I am afraid local opinion is not yet sufficiently ripe for this procedure to be adopted as a general routine, although a number of houses have been erected in Batley during recent years where this principle is carried out.

I would recommend that a suggestion be made by the Sanitary Committee to the General Works Committee that this should be borne in mind, together with the desirability of every cottage house having its own bath, whenever any plans for the erection of new houses are considered, although of course it is understood that the Corporation have not the power to insist upon baths and water closets being provided to every house.

PUBLIC LAVATORIES.

At a meeting of the Town Council on October 26th the following minutes of the Sanitary Committee were confirmed:—

“The Town Clerk read a letter from Messrs. Brear and Brown, of Hipperholme, offering to lease to the Corporation a plot of land at Carlinghow for the erection of a public urinal at the annual rent of £1.”

Resolved “That the proposal be accepted subject to the terms of an agreement to be approved by this Committee, and that the Surveyor submit plans for a urinal to be erected upon the site.”

At a meeting of the Sanitary Committee on December 20th the following resolution was passed:—

The Town Clerk submitted and read a letter from Mr. Basil Lipscomb, of the 13th inst., stating that Lord Savile would allow the Corporation to erect a public urinal near to Hanging Heaton, at the junction of Mill Lane and Common Side, subject to the plan being first submitted to him for approval.

Resolved “That the thanks of the Corporation be accorded to Mr. Lipscomb for his letter, and that the Borough Surveyor be instructed to submit plans of the proposed urinal to Mr. Lipscomb for his approval.”

A proposal to erect a public urinal at Staincliffe has been further considered during the year by the Sub-Committee appointed to deal with this matter, but no decision has yet been come to.

SCAVENGING.

The refuse of the town is disposed of in various ways. Some is sent by rail to farmers in the country whilst some is carted and delivered to farmers close at hand. In this manner 2,469 loads were disposed of during 1911.

Tipping of refuse continues on the outskirts of the Borough which are more or less rural in character, at Bunker's Lane Quarry, Boocock's Tip, Howden Clough, and Mrs. Blackburn's Tip, Upper Batley. Most of this is only done, however, when the Refuse Destructor is standing for repairs and cannot be helped. During the year 715 loads were disposed of in this manner, the destructor being out of working order for rather a more lengthy period than usual.

In the Soothill Ward tipping continues at Grange Road. This was the practice when this portion of the Borough formed part of the Soothill Upper Urban District. During the year 2,229 loads of nightsoil were deposited here.

Last year in my annual report on page 139 I referred to the tipping of refuse on the lower site of Wilton Park, at the Shays, Carlinghow. Some misunderstanding appeared to arise with respect to the advice I gave on this matter, and this tipping was stopped at the request of the Sanitary Committee.

Later on, the Parks Committee requested the Sanitary Committee to reconsider its decision. The proposal was to allow certain tipping at the Park so that certain places could be levelled up in order to make provision for the laying out of recreation grounds. Soil to the depth of two feet was to be laid at once upon the tippings and then grass was to be sown on the top of all.

No houses exist near at hand, and it will not be possible for houses ever to be built upon the ground to be laid out, it being inside the Park. As in the preceding year, the advice I gave the Sanitary Committee was that no possible objection could be taken to the proposal provided that the work was carried out as stated. No nuisance could arise and there could be no danger to health. The Sanitary Committee decided to agree to the request of the Parks Committee, and the ground is now being levelled up.

It should be clearly understood that this is entirely a different case to what is meant by tipping town's refuse in the ordinary way. A refuse tip in a town is a danger to the health of the community. It should not be allowed if proper means of refuse disposal are available. Not only is a nuisance caused in towns where refuse tips exist but the tip acts as a breeding place for flies, rats, etc. On these grounds I would recommend the Sanitary Committee to consider the question of the discontinuance of the Brewery Road tip, in the Soothill Ward.

It is desirable that all tipping there should cease and the refuse should be burnt at the destructor.

The destructor was erected in 1904, for which the borrowing power was £6,061. It is of the Horsfall type, and consists of four cells. In addition to burning town's refuse it generates part of the heat required to keep up steam in the Lancashire Boilers at the Electricity Works. The clinker produced is used for various purposes.

It is usual to provide one cell to every 10,000 of the population, hence the Batley Destructor with its four cells should be easily able to destroy all the town's refuse, the population not being quite 40,000.

Congestion frequently occurs however, and occasionally refuse has to be deposited temporarily on the road at the destructor until the well can receive it.

The destructor is under the control of the Electricity Committee and being used as a steam raiser for the boilers at the works, there is a fear that the destruction of refuse may become a secondary consideration.

In my opinion it would be an advantage if arrangements could be made between the Electricity and Sanitary Committees by which the Sanitary Committee would have sole control of the Refuse Destructor, which should have the destruction of refuse as its first object. A meter could be put in and steam sold to the Electricity Committee or some other arrangement made.

During 1911 the destructor has dealt with and destroyed 10,343 loads of refuse.

During the year the ashpits in the centre of the town have been emptied and deodorised once each week.

In the Cross Bank district they have been dealt with fortnightly. Other districts have been cleansed as follows:—Park Road 19 times, Mount Pleasant 18 times, Batley Carr, Staincliffe, Brownhill, Howden Clough and Upper Batley 17 times.

Pail closets, refuse from Slaughter Houses, fish places, etc., have been dealt with weekly.

£32 12s. 6d. has been realised from the sale of nightsoil to farmers. Against this has to be put £42 1s. 1d. for repairs to railway waggons and £8 4s. 0d. the expenses of the Inspector of Nuisances in travelling to Wakefield to dispose of nightsoil.

One railway waggon which was completely worn out and unfit for further use was disposed of to be broken up for the sum of £6. The sum of £7 3s. 1d. has been realised by the sale of glass and old iron removed from the contents of ashpits within the Borough.

Table showing for each month the number of Ashpits, &c., emptied, and loads removed.

	Jan	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
No. of Slaughter Cans emptied ...	304	299	376	291	329	336	310	346	313	302	360	314
" Pails emptied ...	1126	998	1146	946	973	949	950	936	856	837	811	733
" Fish Places emptied ...	415	380	410	414	406	413	343	411	415	404	401	385
" Ashpits emptied ...	8094	8657	9800	7773	8318	9376	9667	13598	12326	9459	11020	10797
" Loads of Nightsoil delivered into Trucks	194	181	232	162	208	134	134	105	74	156	209	140
" " carted and delivered to Farmers ...	50	21	62	66	71	35	44	26	28	37	52	48
Totals...	244	202	294	228	279	169	178	131	102	193	261	188
" Trucks loaded with Nightsoil ...	17	15	22	15	19	12	12	9	6	14	20	13
" Loads Rubbish destroyed by Destructor	974	1027	1057	467	1098	983	647	1122	931	122	1138	777
Bunkers Lane Quarry (Clinker Ashes) ...	3	2	2	1	1	1	15	1	3	2	4	2
W. C. Boocock's Tip, Howden Clough ...	16			31			89		10	38	5	4
Mrs. Blackburn's Tip, Upper Batley ...	142	85	189	168	123	74	302	20	38	224	4	90
Grange Road Tip, Soothill ...	314	126		365					576		113	202
Carlinghow Shay ...												59
Totals...	1449	1240	1248	1032	1221	1058	1053	1143	982	962	1264	1134

SANITARY INSPECTIONS OF DISTRICT.

During 1911 owing to much increase in the work which had to be done by the Public Health Department the Committee decided to provide additional assistance.

Mr. Thomas Benson who holds the certificate for Inspectors of Nuisances granted by the Royal Sanitary Institute was given the position. He had previously been chief clerk in the Public Health Department. He commenced his duties as an Assistant Inspector of Nuisances on October 1st, 1911.

The total number of inspections made by the staff during the year amounted to 5,287. Statutory Notices to abate nuisances were served in 255 cases, and at the close of the year 210 had been complied with.

No informal notices were served, but in many cases nuisances were abated on personal representations being made to the offenders by the Inspector or the Assistant Inspectors. In some cases it was necessary for the Medical Officer of Health to have dealings with those persons who did not comply with the reasonable requests made to them.

In nearly every case the person in default raised no further objection, and the respective nuisances were abated without the necessity of reporting the various matters to the Sanitary Committee which would have been followed by the issue of Statutory Notices.

In three cases, however, further steps had to be taken, and the Committee ordered summonses to be issued against the offenders.

Date of Hearing	Prosecutions under the Public Health Act, 1875.	
	Nature of Nuisance	Decision of Court.
1911		
May 1st	Nuisance from Offensive Privies and Ash Pits.	Order for Abatement with Costs.
May 1st	Nuisance from an Offensive Privy and Ash Pit	Order for Abatement with Costs.
July 17th	Nuisance from an Offensive Privy and Ash Pit.	Order for Abatement with Costs. .

The total number of nuisances in hand at the close of 1911 was 185. During the year 791 had been reported and 606 abated.

The following is a general summary of the work performed during the year by the Inspector of Nuisances and the two Assistant Inspectors.

Mr. Lindley, Inspector of Nuisances.

Complaints registered	...	...	...	...	179
Notices served and letters posted	...	...	...	...	332
Noticed personally	...	...	...	...	78
Houses visited	...	...	...	...	650
Infected Houses visited	...	...	...	...	112
Damp Houses visited and defects in roof, spouting, etc., dealt with	...	...	...	...	24
Drains inspected	...	...	...	...	600
Drains tested and found defective	...	...	...	...	16
Drains found defective	...	...	...	...	45
Smoke observations taken...	...	...	...	...	58
Food samples for analysis purchased	...	...	...	...	73
Nuisances found caused by keeping animals	...	...	...	...	9
do. do. do. manure accumulations	...	...	...	...	10
do. do. do. overcrowded houses...	...	...	...	...	2
do. reported upon	...	...	...	...	791
do. abated	...	...	...	...	606
Visits to Common Lodging Houses	...	...	...	...	8
do. Cowsheds and Dairies	...	...	...	...	47
do. Factories and Workshops	...	...	...	...	105
do. Bakehouses	...	...	...	...	3
do. Fried Fish Shops...	...	...	...	...	2
do. Slaughterhouses	...	...	...	...	10
do. Ice Cream Places...	...	...	...	...	1
do. Tripe Boiling Places	...	...	...	...	3

Mr. Milner, Assistant Inspector of Nuisances.

Complaints registered	...	...	...	...	46
Noticed personally	...	...	...	...	56
Houses visited	...	...	...	...	112
Infected Houses visited	...	...	...	...	351
Damp Houses visited	...	...	...	...	19

Drains inspected	1,842
Drains found defective	94
Nuisances found caused by keeping animals ...	37
do. do. do. manure accumulations	28
do. do. do. overcrowded houses...	2
Visits to Common Lodging Houses	14
do. Cowsheds and Dairies	97
do. Fried Fish Shops	628
do. Slaughterhouses	526
do. Ice Cream Places	251
do. Tripe Boiling Places	118
Defective Sink Drains, stopped Surface Drains, and stopped Street or Yard Gullies found ...	45
Stopped Water Closet Drains found	20
Stables found without Drainage or Manure Pits...	14
Want of Ash Bins found	4
Dilapidated Ashplaces found	8

Mr. Benson, Assistant Inspector of Nuisances (from Oct. 1st).

Number of visits paid to infected houses ...	74
do. Privies and Pail Closets reported on ...	84
do. Ashpits do. ...	34
Defective Eaves do. ...	2
do. Sink Pipe do. ...	1
do. Ventilating Pipe do. ...	1
do. Drainage do. ...	1
do. Rain Water Pipe do. ...	1
Insanitary Stable do. ...	1
Milk Cans stored and washed in house ...	1

Bakehouses.

Number of visits paid	17
Defective Limewashing	3
No Abstract affixed	1
Dog in Bakehouse	1
Defective Ventilating Pipe	1
Defective Water Closet Drain (made up) ...	1

Offensive Trades.

Number of visits paid	17
do. Privies reported on	3
Insanitary Stable	1

No proper Manure Pit	1
Dogs found on Premises	2
Cistern for Water Closet in Tripe-boiling Room	1
Fried Fish Shops.	
Number of visits paid	60
Defective Limewashing Preparation Places ...	6
Washing Clothes in do. ...	2
Dogs kept in Preparation Place and Fat Storage Place	2
Woodwork in Shop dirty	2
Dirty Pan	1
Defective Rain Water Pipe	1
Cowsheds.	
Number of visits paid	23
Privy and Ashpit reported on	1
Factories and Workshops.	
Number of visits paid	37
do. Privies and Pail Closets reported on	15
do. Ashpits do.	2
Defective Gas Stoves	2
do. Limewashing	2
Water Closet for females visible into Workroom	1
Insufficient means of escape in case of fire ...	1
Common Lodging Houses.	
Number of visits paid	27
Ice Cream Places.	
Number of visits paid	41
Slaughterhouses.	
Number of visits paid	231
Offal, &c., kept on premises over 24 hours ...	4
Dog in Slaughterhouse	1
Diseased and unsound Meat found.	
20 Dec., 1911, Liver of a Pig—Tuberculosis.	
21 do. Liver of a Pig—Tuberculosis.	
29 do. About 20 lbs. Meat—Bruised in Transit.	
29 do. 15 lbs. do. do.	
Miscellaneous.	
Visits paid to Pig Keepers	10
do. do. re Manure Accumulations	5
Other visits paid	26
Various Nuisances found and reported upon ...	22

HOUSE SINK DRAINS.

For some years two men have been employed to clean out the gully traps connected with house drains. During this year 33,544 gullies have been dealt with.

In all new houses and in cases where renewals are necessary self-cleansing traps are put in, and it is practically impossible for these to become choked unless they are used for other purposes than they are meant for.

A sum of £2 10s. 0d. per week is paid in wages and materials have also to be provided.

Street Gullies. I drew attention last year to the danger to health which is caused by many householders pouring their domestic slops down the gullies which are situated in the street gutters. Tea leaves, bread, various kinds of household refuse, and occasionally faecal matter is deposited in these gullies.

It seems impossible to stop this practice. The gullies are not trapped, are connected to surface water drains only, and their function is to carry off surface water when the weather is wet. By the insanitary practice mentioned above these street gullies become small cesspools which contain all the essentials during hot weather for the growth and development of virulent germs. The drains themselves, instead of carrying off rain water for which they are constructed, become foul and offensive. I am quite satisfied that this gross pollution of surface water drains to some extent has favoured the development of diphtheria in Batley, and during the great heat of last summer foul odours were continually being given off from the festering contents of these gullies. Flies regularly went backwards and forwards from these centres of infection to food in the houses, polluting it. Many times undoubtedly has milk been fouled in this manner, and a baby drinking it would be extremely likely to contract diarrhoea with consequent probability of a fatal termination in many cases.

Frequently have complaints been brought to the Public Health Department about offensive smells in the streets, and

when an inspector has visited the spot it has been found that the person complaining has caused the nuisance by using the street gully instead of the properly trapped gully in connection with the house which is provided to take domestic slops, etc. In many cases these are never used, the basins being sandstoned and the pipes blackleaded.

I believe it is to a great extent a matter of ignorance on the part of many offenders. During the year the Sanitary Committee ordered the following bill to be distributed from house to house :—

BOROUGH OF BATLEY.

CAUTION!

The SANITARY COMMITTEE hereby gives notice that

- (1) Any person who shall pour domestic slops or filth down any street gully ;
- (2) Any person who shall foul the surface of any road or pathway by the deposit of offensive matter thereon ;

or

- (3) Any person who shall cause any child to commit a nuisance on any public streets

WILL BE PROSECUTED.

I regret no improvement has resulted.

STABLES.

Several stables have been found to be without any receptacle for manure and without any drainage. Much attention has been paid to the proper storage and periodical removal of manure from stable premises.

Flies breed readily in stable manure, and as they have been proved to convey disease to human beings it is desirable that their breeding places should be dealt with.

Sub-Sections 1 and 6 of Bye-law 13 relating to nuisances are as follows :—

“ Every occupier of a building or premises wherein or whereon any horse or other beast of draught or burden or any cattle or swine may be kept shall provide, in connection with such building or premises a suitable receptacle for dung, manure, soil, filth, or other offensive or noxious matter which may, from time to time, be produced in the keeping of any such animal in such building or upon such premises.

He shall once at least in every week, remove or cause to be removed from the receptacle provided in accordance with the requirements of this byelaw all dung, manure, soil, filth, or other offensive or noxious matter produced in or upon such building or premises and deposited in such receptacle.”

PIG KEEPING.

Action has been taken during the year in the case of several nuisances which have arisen from pig keeping and the storage of pig manure. Many of the pig styes are built of wood with no proper floor or drainage and no storage for manure. Bye-law 11 relating to Nuisances states :—“The occupier of any premises shall not keep any swine or deposit any swine's dung within the distance of fifty feet from any dwelling-house.” This distance could I suggest, with advantage be extended to one hundred feet

The manure from pigstyes becomes very offensive and in summer acts as a prolific breeding place for flies.

There is no desire to harass the working man who keeps a pig as his hobby and also with the view to making some financial gain for himself.

It is essential however in the interests of the public that all pigstyes should be kept in such a state as will minimise their liability to create a nuisance.

FOWL KEEPING.

Yards in which fowls are kept are a source of nuisance, especially when they are very small, which is frequently the case.

Several fowl keepers under these conditions have been dealt with and the nuisances have been abated. Here again, as in the case of pig keeping, there is no desire to cause any hardship to fowl keepers, but the public welfare must be considered, and the practice of keeping fowls in small confined yards is detrimental to the health of persons occupying houses in connection therewith.

SMOKE ABATEMENT.

The Sanitary Committee has paid much attention to this question during the year and considerable improvement has resulted, although at the same time it has to be acknowledged that the atmosphere is more polluted than is necessary in an industrial town such as Batley is.

The Inspector of Nuisances has taken 58 observations of mill chimneys for the emission of black smoke in such a quantity as to be a nuisance, each observation lasting one hour.

Seven statutory notices have been served upon mill owners by order of the Sanitary Committee with satisfactory results.

The following mills have carried out the alterations indicated during the year : —

Brookroyd Mill.	Induced draught.
Print Works.	Induced draught.
Valley Mill.	Mechanical Stoker.
Hick Lane Mills.	Mechanical Stokers.
Union Mill.	Induced draught, also Electric Power.
Greenhill Mills	Induced draught.

Towards the close of the year the pit heap at Soothill Wood Colliery became extensively on fire.

Dense clouds of smoke were given off and sulphurous acid and sulphuretted hydrogen predominated amongst the gases generated. Brass and other metal was corroded in the houses

of residents nearly a mile away from the colliery and an intolerable nuisance was created. Under pressure from the Sanitary Committee the company took steps to put out the fire, but at the end of December little progress had been made. It was the opinion of the Committee that sufficient men were not engaged upon the work to effectually deal with the fire, and it was decided that unless the nuisance was abated with all due diligence it would be necessary to consider what further steps should be taken.

OFFENSIVE TRADES.

There are five tripe boiling establishments.

At one of these bone grinding is carried on, and four of them render fat which is largely sold for frying fish and potatoes.

The premises are inspected weekly, and are kept in fair condition. Difficulty in administration is experienced as up to the present no Bye-Laws respecting Offensive Trades have been adopted by the Corporation.

I recommend that consideration be given to this matter, and that steps be taken at an early date to obtain the sanction of the Local Government Board to the adoption of a set of Bye-Laws which would enable better supervision to be exercised over Offensive Trades by the Public Health Department.

HOUSES LET IN LODGINGS.

Bye-Laws with respect to Houses let in Lodgings were adopted by the Corporation in February, 1889, and approved by the Local Government Board in April of the same year.

There are no houses of this nature in the Borough.

COMMON LODGING HOUSES.

There are two registered Common Lodging Houses in Batley.

One is for both males and females, and is kept in good condition. The other is for males only, and its condition is not of the best, frequent supervision being necessary. There are two other establishments which are being carried on as Common Lodging Houses but are not registered.

One is known as the Wheatsheaf Working Men's Home and the other as the Bull and Butcher.

Both were originally public-houses but the licenses no longer exist.

The following is an extract from the minutes of the Sanitary Committee, dated December 20th, 1911 :—

“ The Medical Officer reported that James Edward Riding was keeping a Common Lodging House at Wellington Street, Batley, and receiving lodgers therein, such house not being registered in accordance with the provisions of the Public Health Act, 1875, and his name as the keeper thereof not being entered in the Register kept under the said Act. He also reported that Robert Cowling was keeping a Common Lodging House at premises known as the Wheat Sheaf in Well Lane, Batley, and receiving lodgers therein, such house not being registered in accordance with the provisions of the said last mentioned statute, and his name as the keeper thereof not being entered in the Register kept under such Acts.”

Resolved: “ That the Medical Officer be and he is hereby authorised and directed to institute and carry on proceedings against the said James Edward Riding and Robert Cowling respectively in respect of the offences committed by them respectively against the provisions of the statute and as mentioned in the said reports of him the said Medical Officer, and for the recovery of penalties and costs in respect of such offences in each case.”

The summonses against these two persons were issued, but the cases had not been heard by the magistrates before the close of the year.

SCHOOLS.

There are thirteen Elementary Schools containing twenty-nine departments within the Borough of Batley under the control of the Batley Education Committee.

The accommodation provided is for 5,911 scholars. The average attendance for the year ended September 30th, 1911, was 4,892.

The Secondary Education Committee administers the Girls' Grammar School which was opened in 1893, having been built at a cost of £4,235 5s. 4d. The School was extended in 1909 at a further cost of £4,942 19s. 8d. There is accommodation for 317 pupils. The average attendance during 1911 was 150.

The staff consists of a head mistress together with nine assistant mistresses and two visiting masters.

The Medical Officer of Health being also School Medical Officer full particulars relating to the Medical Inspection of Children in the Elementary Schools together with the sanitary condition and water supply of such schools is to be found in the report of the School Medical Officer on the Medical Inspection of School Children within the Borough for 1911. Particulars are also given as to action taken in relation to the health of the scholars and for preventing the spread of disease.

The Batley Boys' Grammar School was founded in 1612, and is now administered under an order of the Board of Education, dated July 18th, 1908.

The Governing Body consists of 19 Representative Governors of whom 12 are appointed by the Batley Town Council.

The Batley and District Technical School was erected in 1893 by public subscription at a cost of £5,500. It is supported by public subscription, Government grants, fees, etc. The Corporation contributes the amount produced by 1d. rate. Negotiations are in progress for the Corporation to take over this school entirely.

There is accommodation for 700 students. The Mayor of Batley is an ex-officio Governor, and the Town Council appoint two Representative Governors.

MILK SUPPLY.

During the last few years an increasing amount of public attention has been directed to this subject. It is becoming a more generally recognised fact that in the past the milk supply of the country has been far from the ideal article it should be. At the present time disease germs and dirt are a frequent addi-

tion to the milk delivered at our houses and much is yet to be done in the future before the milk supply can be looked upon as even reasonably pure. As this article of diet forms so large a proportion of the food of infants, young children, and invalids, it is certainly not too much to insist that it should reach the public in a wholesome and pure condition.

Typhoid Fever, Scarlet Fever, Diphtheria, and various other diseases are conveyed by milk, which has the property of absorbing gases and vapours, whilst at the same time forming a most excellent cultivating medium for the growth of the germs of disease.

For a considerable time it has been generally accepted by medical men that most deaths from tuberculosis in young children were due to the disease having been contracted through drinking infected milk.

During the year the Final Report of the Royal Commission on Human and Animal Tuberculosis was published. The following extracts from it are of particular interest in relation to the supply of milk delivered daily at our homes:—

“It may be asked in what way are children, the members”
“of the human family who are especially liable to exhibit acute”
“fatal tuberculosis commencing as an abdominal affection,”
“most likely to obtain a large and fatally infective dose of”
“tubercle bacilli?”

“As already indicated by us, to this question there can”
“be but one answer:—namely, that the evidence which we”
“have accumulated goes to demonstrate that a considerable”
“amount of the tuberculosis of childhood is to be ascribed to”
“infection with bacilli of the bovine type transmitted to”
“children in meals consisting largely of the milk of the cow.”

“In many cases of abdominal tuberculosis and in tuber-”
“culosis of the cervical glands, however, it must be recollected”
“that the child may be injured by the ingestion of bovine”
“tubercle bacilli in milk without a fatal result occurring. The”
“cases of abdominal tuberculosis examined by us had all been”
“fatal, that is death occurred from a generalised tuberculosis”

“or from some local condition resulting with possibly two ex-
“ceptions, from tuberculosis of the abdomen. But many
“cases of abdominal tuberculosis in children recover, though
“what proportion of these is due to the bovine bacillus and
“what to the human, we have no means of knowing at present.”
“The cases of cervical gland tuberculosis investigated by us
“were all cases that recovered or were recovering after opera-
“tion, and a large proportion of them were bovine in origin.”

“Meanwhile we, in view of the evidence adduced by us,”
“regard ourselves as called upon to pronounce on administra-
“tive measures required in the present for obtaining security
“against transmission of bovine tubercle bacilli by means of
“food. In the interests therefore of infants and children, the
“members of the population whom we have proved to be
“especially endangered, and for the reasonable safeguarding
“of the public health generally, we would urge that existing
“regulations and supervision of milk production and meat
“preparation be not relaxed; that on the contrary Govern-
“ment should cause to be enforced throughout the Kingdom
“food regulations planned to afford better security against the
“infection of human beings through the medium of articles of
“diet derived from tuberculous animals.”

“More particularly we would urge action in this sense in
“order to avert or minimise the present danger arising from
“the consumption of infected milk. And in this connection it
“may be convenient for us to repeat certain facts observed by
“us in reference to the conditions tending to the elimination
“by the cow of bovine tubercle bacilli in her milk, facts in our
“opinion of such importance that they formed the subject of
“our Third Interim Report.”

“Bovine tubercle bacilli are apt to be abundantly present
“in milk as sold to the public when there is tuberculous disease
“of the udder of the cow from which it was obtained. This
“fact is, we believe, generally recognised though not ade-
“quately guarded against. But these bacilli may also be
“present in the milk of tuberculous cows presenting no evi-
“dence whatever of disease of the udder, even when examined”

“post-mortem. Further the milk of tuberculous cows not”
“containing bacilli as it leaves the udder may, and frequently”
“does, become infective by being contaminated with the”
“fæces or uterine discharges of such diseased animals. We”
“are convinced that measures for securing the prevention of”
“ingestion of living bovine tubercle bacilli with milk would”
“greatly reduce the number of cases of abdominal and cervical”
“gland tuberculosis in children, and that such measures should”
“include the exclusion from the food supply of the milk of the”
“recognisably tuberculous cow, irrespective of the site of the”
“disease, whether in the udder or in the internal organs.”

Prof. MacFadyean an eminent member of the veterinary profession has publicly stated that about 30 per cent. of milch cows in English cow houses are diseased and suffering from Tuberculosis.

The number of diseased animals from which milk is taken and supplied to the public must therefore be enormous.

In towns, cows are usually bought by the cowkeeper shortly after calving and placed in the cowshed. This place is frequently low, dark, and ill-ventilated. Usually the cows are kept inside from November to April, and in many cases, the animals remain in the cowshed without ever going out into the fresh air from the time of their purchase to the time of their sale, which takes place when the cow ceases to give a sufficient quantity of milk. These conditions are most favourable for the development of Tuberculosis. Cows are usually fastened in the stalls in pairs. It is easy to see how one cow infected with Tuberculosis can infect another the disease being conveyed by the breath, or by the infected saliva from one cow being licked up by its neighbour in the stall.

It is essential for the protection of the public that the sanitary condition of cowsheds throughout the country should be improved. More light, ventilation, and cubic space is needed in the average cowshed, greater cleanliness on the part of the milkers, and regular cleansing of the sheds themselves, together with frequent removal of the heaps of manure usually seen in connection therewith.

Cows suffering from tuberculosis frequently pass the germs of the disease in their manure. If accumulations of manure are allowed to remain in close proximity to the cowsheds a prolific source of infection remains in existence with consequent danger to the other cows. It is very difficult to get cowkeepers to regularly remove these manure heaps. The old idea of the farmer that cows will not give a plentiful supply of milk unless they are herded together in a dark shed devoid of ventilation and kept at a high temperature is gradually, though slowly, giving way to more enlightened ideas. Several of the Batley cowkeepers have lately had practical proof in their own cases, that if their animals are given plenty of light, cubic space, and efficient ventilation they will give a greater supply of milk and remain much healthier at a cool temperature than under the old conditions.

Last year I recommended the desirability of a regular inspection of all dairy cows in Batley being carried out by a qualified veterinary surgeon. In my opinion it is highly desirable that this should be done. Any cow suffering from tuberculosis and being regularly milked is simply the means of spreading disease and death amongst those who are unfortunate enough to have to drink its milk. The cost to the Corporation would be small and the inhabitants of the town would have the satisfaction of knowing that something further was being done to prevent them drinking tuberculous milk.

A veterinary inspection every six months might be sufficient although once a quarter would be desirable. I trust that before the end of this year the Sanitary Committee will decide upon my recommendation being carried out.

The milk bill promised by Mr. Burns last year was not introduced into Parliament. It is to be hoped that something may be done to permit of its introduction before much further time elapses. If a clause is inserted making the registration of every dairy cow compulsory it will go a long way towards helping to stamp out tuberculosis. Last year I referred to this matter. It is not possible to deal locally with it, but if it was made a national subject it could then be made compulsory that

directly a cow entered a cowshed it must be registered by the sanitary authority in which the cowshed was situated. Before the cow could be removed out of the district notice would have to be given to the local authority, giving the animal's destination.

The local authority would then communicate with the officials of the sanitary district to which the animal was to be taken, and if for slaughter, an official there would have an opportunity of seeing the carcass after slaughter and of condemning it if diseased. At present many cows which become tubercular in cowsheds are sent into other districts, where inspection is lax, and they are slaughtered for food. Registration would effectually stop this and would not cause any hardship to any person. The public would be the gainers, and it is the health of the public generally which must be the first consideration.

During the year 69 samples of new milk have been taken from retailers in the Borough and submitted to analysis. The Board of Agriculture recommends the taking of three samples to every thousand inhabitants. On this basis the number of samples which should be taken yearly in Batley should be over 100. Of these sixty-nine samples taken fifty-six were genuine and thirteen fell below the standard of the Board of Agriculture and presumably were adulterated. This gives a percentage of adulteration amongst the samples taken of 18.8 and is very disquieting. Mothers who are obliged to bring up their children upon cow's milk have a right to protection. They buy in good faith what they believe will nourish their infants, and should they be purchasing watered milk it is not only a fraud upon them but the consequences to their infants are of the gravest. A child fed upon adulterated milk cannot obtain sufficient nourishment and is being slowly starved. This may have a far reaching effect upon it through the whole of its life even if it survives its infancy.

In my opinion, too serious a view can hardly be taken by the authorities in cases where dealers are convicted of offences against the purity of milk. It is not entirely a question of defrauding the buyers of their money, this would not be so serious, but it is the lives of the children who have to be brought up on cow's milk which are being risked, and for this reason I consider severe punishment is merited whenever a charge is proved.

The Sanitary Committee decided that three milk sellers should be prosecuted during 1911 as follows :—

Date of Hearing	Nature of Offence.	Decision of Court								
		Penalty			Costs			Total		
£	s.	d.	£	s.	d.	£	s.	d.		
1911 March 20	Selling New Milk 6.8 % of Cream abstracted ...	1	0	0	1	1	6	2	1	6
March 27	Selling New Milk adulterated with 4.2 % of added water ...	10	0		1	1	6	1	11	6
* Aug. 11	Selling New Milk adulterated with 5.4 % of added water ...	1	0	0	1	3	6	2	3	6
Total ...		2	10	0	3	6	6	5	16	6
* Previous conviction for selling adulterated new milk December 30th, 1901, fined £5 and 19/6 costs.										

Milk samples for analysis are now taken at all times, Sundays, week-days, holidays, mornings, or evenings. The dishonest milk seller is therefore never safe.

The following particulars are taken from the Register of Dairies, Cowsheds and Milkshops :—

Cowkeepers residing within the Borough ...	39
Cowsheds within the Borough ...	77
Milk Sellers who do not keep cows but reside within the Borough ...	17
Milk Sellers residing outside the Borough but who bring in milk for sale ...	26

The Local Government Board recommend as a minimum 800 cubic feet of space for each cow.

The following table shows the space per cow for each cowshed in the Borough :—

Air space per cow.				No. of Sheds.	
Over 1,000 cubic feet	...	...	...	...	8
do. 800 and under 1,000 cubic feet	...	...	...	...	13
do. 600	do. 800	do. ...	...	...	25
do. 400	do. 600	do. ...	...	...	26
do. 300	do. 400	do. ...	...	...	4
Under 300 cubic feet	...	...	...	...	1

The number of inspections made of cowsheds and dairies during 1911 was 167.

Many of the milk sellers have no dairy, it being a regular practice for milk and milk vessels to be kept in the living room of the house in which the milk sellers reside. This is an insanitary practice and efforts have been made during the year to improve matters.

Section 8 and 9 of the Regulations under the Dairies, Cowsheds and Milkshops Order, 1885, made by the Batley Corporation in 1890 state:—

“A Purveyor of Milk or a person selling milk by retail shall not cause or suffer any milk intended for sale to be stored or kept in any room or place in which, or in any room or place that may directly communicate with a room or place in which, any person may be suffering from an infectious disease.

He shall not knowingly cause or suffer any milk intended for sale to be in any other way exposed to any risk of infection or contamination.”

During the year the following buildings which were insanitary have ceased to be occupied:—

- 3 cowsheds in Dark Lane.
- 2 cowsheds in Healey Lane.
- 1 cowshed at Halifax Road.
- 1 cowshed at Upper Batley.
- 1 cowshed at Common Side.

An up-to-date cowshed with ample light, ventilation, water supply and drainage has been constructed at Staincliffe Hall Farm and is occupied by Mr. Ellis Bower. On the basis of 800

cubic feet of air for each cow the permissible number of animals to be kept here is 16. Negotiations are in progress with the landlord to provide an efficient and sanitary dairy to this cowshed. Another modern cowshed has been constructed at Chapel Fold and is occupied by Mr. David Banks, everything here being in a sanitary condition. The permissible number of animals in this cowshed is 25 on the basis of 800 cubic feet of air per animal.

An inspection of the cowsheds in the Soothill Ward was made during the year, and the result of this was that the following recommendations were made to the Sanitary Committee :—

THE DAIRIES, COWSHEDS, AND MILKSHOPS ORDER OF 1885.

Situation of Premises.	Owner.	Works required to put premises in sanitary condition.
Mr. Hunter, Grove Farm, Kirkgate. First Cowshed.	Lord Savile.	Additional light required.
Second Cowshed.	do.	Additional light required.
Third Cowshed.	do.	Additional light required. Sufficient ventilation required.
Top Cowshed.	do.	Additional light required. Proper manure place required. Additional light and sufficient ventilation required for Dairy. Sanitary Water Closet required.
Mr. Hunter, Bennett Farm, Kirkgate. Large Cowshed.	do.	Additional light required. Sufficient ventilation required. Proper manure place required. Yard to level.
Mr. E. Askham, Kirkgate.	do.	Proper channel required. Floor to be put into proper condition.
Mr. J. Copley, Grange Road.	J. Copley.	Additional light required. Sufficient ventilation required. An efficient supply of water. An efficient drainage system. Proper manure place required.

Situation of Premises.	Owner.	Works required to put premises in sanitary condition.
Mr. J. G. Brown, Manor Farm.	Lord Savile.	Entire re-construction of Cowsheds and Fold-yard necessary.
Mr. J. W. Hemingway, Babes Pit Yd. Farm.	Crawshaw & Warburton.	Additional light required. Sufficient ventilation required. Opening in wall through which manure is thrown to be closed up. Proper paving to channel required. Proper manure place required. An efficient drainage system required.
Mr. J. Gregory, Hay-beck.	Lord Savile.	Additional light required. Sufficient ventilation required. An efficient drainage system required. Proper manure place required
J. Audsley, Hay-beck.	do.	Additional light required. Sufficient ventilation required An efficient drainage system. Proper manure place required. Proper sanitary convenience required.
A. Audsley, Hay-beck.	do.	Sufficient ventilation required.
Top Cowshed.	do.	Additional light required. Sufficient ventilation required.
Low Cowshed.	do.	Additional light required. Sufficient ventilation required. An efficient drainage system. Proper manure places required. Proper sanitary conveniences required.
Middle Cowshed.	do.	Additional light required. Sufficient ventilation required.
Mr. F. R. Machell, Lees House Farm.	do.	Additional light required. Sufficient ventilation required.
No. 1 Cowshed.	do.	Additional light required. Sufficient ventilation required.
No. 2 Cowshed.	do.	Additional light required. Sufficient ventilation required.
No. 3 Cowshed.	do.	Additional light required. Sufficient ventilation required.
No. 4 Cowshed.	do.	Additional light required. Sufficient ventilation required. An efficient drainage system. Proper manure places required.

The owners were communicated with and work is at present in progress in some of them. It is probable that in due course these cowsheds will be brought up-to-date and will meet the requirements of modern sanitation.

OTHER FOODS.

During the year about $1\frac{1}{2}$ cwts. of mussels were surrendered and destroyed. About $1\frac{3}{4}$ tons of fish were destroyed owing to decomposition having set in through delay in removal from the railway station during the strike. Premises where foods are prepared, stored, or exposed for sale are regularly visited and kept under observation.

Ice Cream. There are thirty-one persons who prepare and sell Ice Cream in the Borough. Twenty-six only make the commodity during the summer. The practice is generally to make it in the kitchen of the house in which the seller resides.

One made the Ice Cream in a room which was occupied as a living and sleeping apartment by himself, his wife, and child. He was prevented from continuing, and he made arrangements to make his ice cream on other premises and under more sanitary conditions.

Fish Frying. There are fifty establishments where this trade is carried on. The shops are kept clean as a general rule. During the year five preparation places have been limewashed, and two shops have been thoroughly washed down with hot water and cleansed at the request of the Public Health Department. At one establishment it was the rule of the proprietor to keep a dog and dog kennel in the place where he prepared his fish and potatoes. This is obviously a most objectionable practice and serious pollution of food in such cases may arise.

Pressure had to be brought to bear upon the fish fryer before this danger to health was removed and the dog installed in other quarters.

At one shop it was necessary to urge the proprietor to cleanse his pan, which had got into a very dirty condition.

The Local Government Board issued a memorandum on the investigation of outbreaks of illness suspected to be due to food poisoning during the autumn. The following extracts are taken from it :—

“ From time to time information of occurrence of cases of
“ illness attributed to food poisoning reaches the Local Govern-
“ ment Board from medical officers of health, coroners, medical
“ practitioners and others, or is obtained from newspaper reports.
“ Occasionally the cases in question result from contamination of
“ foods by inorganic poisons (*e.g.*, arsenic and lead), more fre-
“ quently and especially in the case of meat foods, the poisoning
“ has been of bacterial origin.

“ The information obtained in this way as to the occurrences
“ of serious cases or outbreaks of food poisoning in England and
“ Wales is by no means complete, and in many instances the
“ information has reached the Board at a stage too late for any
“ satisfactory investigation to be made by their Inspectors, or any
“ useful assistance given to the officers of local authorities in
“ dealing with the matter. It is anticipated that if more com-
“ plete and timely information as to suspected food poisoning
“ were to reach the Board, it might sometimes be possible for
“ them to secure the adoption of effective preventive measures,
“ while opportunity would be afforded for elucidation of points
“ in the causation of food poisoning which are at present obscure.

“ Where a medical officer of health becomes aware of the
“ occurrence of a considerable number of cases of food poisoning
“ in his district (for example, resulting from the contamination of
“ particular preparations of meat distributed locally on a large
“ scale), he should report it forthwith to the Board (see Article
“ XIX. (15) of the Board's General Order of 13th December,
“ 1910, and Article 18 (16) of the Sanitary Officers (London)
“ Order, 1891), and he is, moreover, required by Article XIX. (16)
“ of the Order to furnish to the Board a copy of any special report
“ or reports which he makes to his authority on the results of his
“ inquiries into the outbreak.

“ The case is different where a medical officer of health
“ learns that only a few persons in his district have been attacked

“by food poisoning—for example, one or two members of a
“household suffering in consequence of the consumption of
“canned food from a particular tin. Although this does not
“constitute a serious outbreak of disease in the district, other
“canned foods of the same origin may be causing illness else-
“where. Instances have lately come to the Board’s knowledge
“in which the collection of facts as to scattered cases occurring in
“several sanitary districts has had significant results, and they
“would accordingly be glad of prompt information whenever such
“cases come to the notice of the medical officer of health.

“In any outbreak where the implicated food has been pre-
“pared in the district, it is advisable that as soon as the medical
“officer of health has established the probability that a particular
“food is at fault, he should at once proceed to make detailed
“investigations into the conditions of its preparation and obtain
“material for chemical or bacteriological examination. The com-
“plete history of all the cases attacked can be obtained simul-
“taneously through assistants or by inquiry made subsequently.
“The determination of the circumstances in which food poisoning
“has occurred often turns upon the elucidation of apparently
“trivial points, and after some days’ interval it is impossible to
“rely on accurate recollection of them. Moreover as time goes
“on inaccurate statements get repeated and believed, and it is
“difficult to get at the facts. It is neither desirable nor necessary
“to await the result of chemical or bacteriological examinations
“before commencing inquiries calculated to throw light on the
“matter in which the poisonous element (bacterial or other)
“gained access to the food. Supplementary inquiries can always
“be made as a result of laboratory findings.

“For convenience of reference, a list of headings for inquiry
“in the case of outbreaks of poisoning attributed to meat foods is
“appended to this Memorandum.

“Where the food suspected to have caused poisoning has not
“been prepared in the district it is important to secure the co-
“operation of the vendor, who should be invited to produce
“original packages, invoices, and any other facts available to show
“by what manufacturing or distributing firm the implicated food
“was supplied to him, and on what date and in what bulk.

"The Board would be glad to be informed of the facts obtained in any such case."

No outbreak of food poisoning has come to the knowledge of the medical officer of health during 1911.

I would suggest the desirability of the Local Government Board making cases of food poisoning notifiable. At present the Medical Officer is only likely to hear of the cases after death has occurred, his information coming through the coroner or from the death returns. If made notifiable the Medical Officer would then obtain early information, and consequently would be in a better position to take action.

BAKEHOUSES.

There are eighteen bakehouses upon the Register. They are each inspected four times in the year. During 1911 four of these bakehouses had not been limewashed in accordance with the provisions of section 99 of the Factory and Workshop Act, 1901. On this being pointed out to the occupants they carried out the work, no further procedure being necessary. The general condition of bakehouses in Batley is satisfactory.

There are no Underground Bakehouses within the Borough.

SLAUGHTER-HOUSES.

There are nineteen private slaughter-houses in Batley, of which nine are registered. Ten are licensed annually by the Corporation for a period of twelve months in each case.

The slaughter-houses are visited frequently, and improvement in their condition has been the result. Many of them are structurally unsuitable for their purpose but efforts are made to keep them in as sanitary a condition as is possible under the circumstances, in order that nuisances therefrom may not arise. Notices have been given to occupiers during the year as follows :

To remove accumulations of manure ...	6
To remove dog from slaughter-house ...	2
To remove offal from slaughter-house ...	4
To limewash slaughter-house in accordance with bye-laws	6

In July a butcher was proceeded against before the magistrates for a breach of the bye-laws requiring quarterly lime-washing of all slaughter-houses.

A fine of 10s. and 16s. 9d. costs was inflicted.

Efforts had been made for more than twelve months to get the butcher to comply with the bye-laws and a warning was given by the Sanitary Committee in the early part of the year that a continuance of his attitude would result in further action being taken against him.

During the late autumn an additional inspector of nuisances having been appointed, it was possible to pay some attention to meat inspection. Obviously in a town in which there are nineteen slaughter-houses spread over various districts it is impossible for a local authority to efficiently carry out this duty. The butchers slaughter at varying times, and this together with distance to be covered prevents an inspector seeing all the carcasses slaughtered in the Borough for human food.

The following were found upon slaughter-house premises by the assistant inspector of nuisances, Mr. Benson, who called to his assistance the Medical Officer of Health in each instance :—

December 20th, 1911, Liver of a pig.—Diseased (Tuberculosis).				
do. 21st, 1911,	do.	do.	do.	do.
do. 29th, 1911, About 20lbs. meat. — Unsound (Bruised				
				in transit).
do. 29th, 1911, About 15lbs. meat.		do.	do.	

The butcher was given the opportunity of making his choice between voluntary surrender or having the meat seized by the Medical Officer of Health for the purpose of its being carried before a magistrate with the object of an order being made for its condemnation. The latter alternative was declined in each case and a voluntary surrender was allowed to be made.

The Sanitary Committee having discussed the desirability of something further being done than had been possible in the past to improve the conditions under which slaughtering takes place and also to provide for better methods of inspection decided

to send out an invitation to the butchers of the town to a conference to be held at the Town Hall on February 27th. This meeting took place, and the views of the butchers who attended in large number were invited by the Chairman (Ald. George Hirst) as to the provision of a public abattoir for the town by the Corporation.

The butchers unanimously opposed the idea and the matter rested there for the time being.

Until the time arrives when all animals whose carcasses are intended for food are slaughtered and dressed in a public abattoir, where proper inspection is not only possible but is carried out, it cannot be said that the public are sufficiently protected against the risk of eating diseased or unsound meat. It should not be understood that these remarks apply solely to Batley however.

In January 1904 a Committee was appointed at the instance of the Board of Admiralty, and included representatives of the War Office, Board of Agriculture, London County Council, and City of London, to consider the humane slaughtering of animals. The report of this Committee was presented to both Houses of Parliament in the same year. The General Recommendations of this report are particularly interesting and are as follows:—

(a). "All animals, without exception, should be stunned, or " otherwise rendered unconscious, before blood is drawn."

"This is actually the law in Denmark, many parts of " Germany, and Switzerland, and therefore cannot be considered " an impracticable condition. It has the great merit of compre- " hensiveness and simplicity, and, if carried out, makes the subse- " quent operations of slaughter of comparative unimportance " from the standpoint of humanity. The detailed methods pro- " posed to carry out this primary condition in the case of the " various animals will be referred to subsequently."

(b). "In the interests not only of humanity, but of sanitation " order, and ultimate economy, it is highly desirable that, where " circumstances permit, private slaughter-houses should be re- " placed by public abattoirs, and that no killing should be per- "

“mitted except in the latter, under official supervision. Such a ”
“change as this could only be brought about gradually and by ”
“legislation, but it cannot be described as impracticable, in ”
“view of the fact that this system is prescribed by law in ”
“several Continental countries and is actually enforced in the ”
“city of Edinburgh.”

(c) “There should be an efficient system of inspection and ”
“supervision of all slaughter-houses, whether public or private ”
“by the local authorities, and uniformity in methods of slaughter ”
“should be introduced and enforced as far as possible.”

(d). “All slaughtermen, and others employed in or about ”
“slaughter-houses, should be licensed by the local authority. ”
“The Committee have carefully considered the question as to ”
“whether the licence should partake the nature of a certificate ”
“of proficiency, but they recommend that, for the present at ”
“any rate, it should be merely permissive (like the present ”
“licence for motor drivers), having as its main value the power ”
“of withdrawal in case of cruelty, incompetence, or misconduct. ”
“Only a nominal fee should be charged for a licence. The ”
“Committee have received a good deal of evidence to show ”
“that the institution of licences would not only be desirable ”
“from a general standpoint, but would also be received with ”
“favour by the trade.”

During the year a demonstration of slaughtering animals by means of one of the various forms of pistols made for this purpose was given in the slaughter-house occupied by Mr. Millman who slaughters his animals by this humane method. The gathering was promoted by a lady residing in the town and the Mayor of Batley used the pistol and instantaneously killed a prime heifer. The humane method of slaughtering has long been urged throughout the country, and it is to be hoped that more butchers in the town will adopt this method in the future.

Exception having been taken to some remarks on pages 118 and 119 of my Annual Report for 1910 I received the following letter from a firm of solicitors:

22nd May, 1911.

Sir,

We are instructed by ————— to communicate with you with reference to the very serious libel upon him contained in your report to the Sanitary Committee of the Batley Town Council. In this report you state that you took possession of certain meat at a Batley butcher's slaughter-house, and that it was destroyed. Further, that the butcher in question (Mr. —————) was ordered to appear before the Sanitary Committee and ultimately it was decided to refrain from prosecution, but that he was warned as to any similar occurrence in future.

You also state that as long as there is in any town a number of small private slaughter-houses there will always be opportunities for unscrupulous members of the meat trade to resort to undesirable practices.

From the Report it is clearly insinuated that the meat you saw at Mr. —————'s slaughter-house was unfit for human food, and that it was seized and destroyed by you in your capacity as Medical Officer for Health for Batley.

As you are, and were at the time you made your Report, perfectly well aware the meat in question was not bad or even suspicious when you inspected it, and we are moreover instructed that you had in your possession at the time you made your Report a certificate or statement by Mr. George Whitehead, M.R.C.V.S., who was called in by you to inspect the meat, that the meat was fit for human food. We have also a certificate to the same effect from Mr. Whitehead.

The other insinuation that the meat was seized and destroyed by you is equally untrue, as you know perfectly well that the meat was surrendered voluntarily by our client and taken by him to the destructor.

The untrue statements contained in your Report have seriously injured our client in his business, and we are instructed to request you to forthwith let the true facts be known and apologise for having made the statement above referred to.

Unless we hear from you by Wednesday morning next that you are prepared to do what is right and proper in the matter, our instructions are to commence proceedings against you to recover damages without further notice.

Yours truly,

Dr, Pearce,
Medical Officer for Health,
Batley.

To the above letter the following reply was sent:—

May 24th, 1911.

Dear Sirs,

re —————

A letter dated May 20th which your firm has addressed to Dr. Pearce, the Medical Officer of Health for Batley, has been forwarded by him to me, he being a member of the Medical Defence Union. In reply I have to state that Dr. Pearce's report was written *bonâ fide* and in the interest of the Public Health, and in accordance with his statutory duties; that he has not made any untrue statements in it; and that should your Client desire to take action against Dr. Pearce the Solicitors of the Medical Defence Union will be fully instructed to defend the same.

I will furnish you with their names should you desire me to do so.

Yours faithfully,

(Signed) A. G. BATEMAN.

I have heard nothing further in this matter since the date of the above letter.

The Sanitary Committee having approved my Report it became the Committee's Report and the Committee were fully aware of all the facts of the case. It is sufficient to say that Mr. George Whitehead who is employed by the Corporation as Veterinary Surgeon was called in by the Medical Officer of Health to give his opinion as to whether the flesh being dealt with was horse flesh or was of bovine origin. Mr. Whitehead expressed the opinion, after examination, that the flesh was of bovine origin and his connection with the case thereupon ceased.

No certificate was at any time ever asked for from Mr. Whitehead by the Medical Officer of Health neither has the Medical Officer of Health at any time ever seen such a certificate.

I should like to take this opportunity of thanking the Chairman and Members of the Sanitary Committee at that time for their generous expressions towards myself and their approvals of my conduct. Although I was sufficiently protected to defend any action which might be brought against me the wish of the Committee that the Town Clerk be instructed to act on my behalf before this protection was known to them is none the less appreciated by me.

SALE OF FOOD AND DRUGS ACTS.

Under these Acts 73 samples have been taken and submitted to analysis during 1911.

Sixty-nine of these were samples of new milk and are referred to in the article upon Milk Supply previously.

One sample each of butter, lard, coffee, and white pepper, were all found to be genuine.

HOUSING.

The number of new houses built in Batley during 1911 amounted to 65. They are mostly four-roomed cottages but a certain number of villas have been erected at the Carlton Grange estate and at the Rookeries, Upper Batley. There has not been any special activity in house building during the year. The number of inhabited houses is 9,115 and there are 323 uninhabited houses. There are also 960 buildings which are not used as dwellings, being mostly mills, warehouses, etc.

The average number of persons to a house is a fraction under four, and on this basis there does not appear at first sight to be any overcrowding. Many of the older houses contain only two rooms and are built in rows back to back, and it is in these houses that overcrowding does actually exist.

The usual standard to be taken is that a house is overcrowded when it contains more than two persons per room. Even if a standard of three to a room is adopted the census of 1901 shows a considerable amount of overcrowding. The census figures for 1911 were not available at the time of the compilation of this report. There are several cellar dwellings in the town, but none of these contravene the provisions of the Public Health Act, 1875. The most congested parts of Batley are in the King Street, Dale Street, Queen Street, Cobden Street, Hume Street and New Street districts. Here back-to-back houses of an old type predominate. A workman can obtain a respectable modern cottage in Batley at a rental varying from 5s. to about 6s. or 6s. 6d. per week. There are also persons in the town, as in all other industrial towns, who do not consider what kind of a house they occupy, their object being to obtain one at as low a rental as possible in order that they may have more money to spend upon alcohol, amusements, etc. These persons occupy the worst class of houses and cause trouble to their landlords, the health authorities, and others, through their dirty habits.

There is no doubt that many of the working classes in Batley prefer a more modern house than it is possible for them to obtain at present, a sufficient number not being available.

The housing in Batley is improving each year but the town at present suffers from what was done fifty years ago before Building Bye-laws were known. Housing experts consider twenty houses to an acre to be sufficient. As many as 60 per acre exist in the Batley Carr District.

The Chairman of the General Works Committee (Mr. Alderman Illingworth) recently gave some interesting figures at a meeting of the Town Council.

"He said that during the year the Committee had passed plans for 61 new dwelling-houses, 7 mill extensions, 2 warehouse-houses, and 17 other buildings. In addition, there were the alterations to the Victoria Hotel at Hick Lane, which was a very desirable improvement. During the past ten years, leaving out of account Soothill Upper, Batley had grown to the extent of 1,400 inhabitants as shown by the census. The General Works Committee had passed plans for 663 dwelling-houses during that period. All these houses, with the exception of about 40, had been built. The houses were distributed as follows:—East Ward 150, West Ward 250, North Ward 200; and they were of the following descriptions:—345 cottages valued at £150 each; 127 scullery-houses at £180 each; 89 good through houses at £250 each; and 39 villas at £400 each.

"They had new house property to the value of £112,460, to which they might add £2,100 for additions to twenty-two existing houses, bringing up the total value to £114,000. This property belonged to 150 different owners.

"The cottages erected were well built, in wide streets, with good, roomy, well ventilated bedrooms. In addition to the above the Committee had during the past ten years passed plans for 42 mill extensions, carried out at a cost of £47,000; twelve new warehouses at a cost of £5,830; public buildings, new bank, Technical School, new wing at the hospital, skating pavilion, and a working men's club, at a cost of £16,780; a new church, Gospel Hall, Wesleyan School at Staincliffe, adding another £10,000; making a total of £79,600, or a grand total for the ten years of £194,000 worth of new buildings. He thought this showed a very satisfactory state of things.

The Borough Engineer informs me " That one reason why " there are not more houses being built at the present time, is " that the housing question and the recent legislation connected " with it, has aroused interest amongst tenants and they now " demand houses which are less congested and with more air " space around them ; but the builders of houses are not satisfied " unless they can place at least forty houses on an acre of land."

He however points out " That this state of things is chiefly " due to indifference and want of comprehensiveness in laying " out building estates as the extra cost per house per week in " the case of houses of the working classes would only amount to " a few pence when the houses are twenty to the acre instead of " forty to the acre, provided the land is laid out in such a manner " as to avoid any unnecessary length of roads. With forty " houses to the acre thirty per cent. (or more) of the land is taken " up with roads, whereas less than fifteen per cent. of the land " would be used for roads with twenty houses to the acre. As " an acre of roads and sewers costs about £1,500 it is quite easy " to see the advantage of placing twenty houses on an acre of " land rather than forty houses.

" On the Carlton Estate in this Borough, recently laid out " for buildings, the percentage of roads is approximately twenty- " five, in addition to the two roads maintained by the Corpora- " tion, the full length of two sides of this building land, *i.e.*, upon " which the land abuts on two of its sides. There being no " street expenses on these two sides, about half of this outer land " has been built upon, but as the vendors did not stipulate any " conditions as to uniformity in the division of the plots each " purchaser has been the proverbial law unto himself, the result " being that the spaces between the houses are anything from " a few inches to ten feet, twenty feet, etc.

" The twenty-five per cent. proportion of street area on this " land has fixed the present price of the land which does not " abut on the main roads at approximately £1,000 an acre. If " the proportion of road area had been about fifteen per cent. " instead of twenty-five per cent. it is obvious that the vendors " could have sold the land at a much less price and could also " have stipulated a reasonable uniformity in the division of the

“plots. This would have given purchasers confidence that they
“would not be prejudiced by their neighbours’ building too close
“to them, resulting in the estate soon being built up in a useful
“and pleasing manner.”

THE HOUSING (INSPECTION OF DISTRICT) REGULATIONS 1910.

In order that these regulations should be properly carried out the Council has appointed the Inspector of Nuisances (Mr. Joseph Lindley) as the officer designated by the local authority to carry out the inspections under the direction and supervision of the Medical Officer of Health.

An Assistant Inspector of Nuisances (Mr. Thomas Benson) was added to the staff in order that the additional work to be undertaken by the Public Health Department could be dealt with in an efficient manner.

The following work has been performed under these regulations from the end of October, when routine inspection commenced, to the end of the year :—

Number of houses inspected 69

Defects were found in 19 houses as follows :—

Windows to be made to open in ...	...	5 houses.
Want of Window to food store in ...	5	„
Want of Ventilation to food store in ...	1 house,	
Want of Window over sink in ...	2 houses,	
Want of Window to cellar in ...	1 house,	
Want of Ventilation to Bedroom in ...	1	„
Pantry Window to glaze in ...	1	„
Dwelling-houses unfit for human habitation	3 houses.	

Closing orders under Section 17 of the Housing Town Planning, etc., Act 1909 were made by the Town Council on the representation of the Medical Officer of Health in the case of two cellar dwellings at Spa Field, Batley, and one house at Upper Batley Low Lane. The tenant of one of the cellar dwellings had to be proceeded against before the magistrates in order to compel him to give up possession of the cellar. Two other cellar dwellings were closed voluntarily after representation being made to the owners.

MORTUARY.

During the year complaints have been made by the coroner and by medical men respecting the necessity of a public mortuary. The Sanitary Committee have agreed to contribute to the cost of converting the present dead house at the Batley and District Hospital into a mortuary, where it would then be possible to properly conduct post-mortem examinations.

FACTORY AND WORKSHOPS ACT, 1901

“ The Medical Officer of Health of every District Council shall, in his Annual Report to them, report specifically on the administration of this Act in Workshops and Workplaces, and he shall send a copy of his Annual Report or so much of it as deals with this subject to the Secretary of State :”—Section 132.

Annual Report of the Medical Officer of Health for the year 1911, for the Borough of Batley on the Administration of the Factory and Workshops Act, 1901, in connection with Factories, Workshops, Laundries, Workplaces and Homework.

1. INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecu- tions. (4)
FACTORIES (Including Workshop Laundries)	80	8	—
WORKSHOPS (Including Workshop Laundries)	62	5	—
WORKPLACES (Other than Outworkers' prem- ises included in Part 3 of this Report)	—	—	—
Total	142	13	—

2 DEFECTS FOUND in Factories, Workshops, and Workplaces.

Particulars. (1)	Number of Defects.			
	(2) Found	(3) Remedied	(4) Referred to H.M. Inspector	(5) Number of Prosecutions
Nuisances under the Public Health Acts.*				
Want of Cleanliness	—	—	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances	8	6	—	—
†Sanitary Accommodation {	insufficient	2	—	—
	unsuitable or			
	defective	28	16	—
	not separate for			
sexes	—	—	—	—
Offences under the Factory and Workshop Act.				
Illegal occupation of underground Bakehouse (S. 101)	—	—	—	—
Breach of special sanitary requirements for Bakehouses (S.S. 97—100)	5	5	—	—
Other Offences	—	—	—	—
Total	43	27	—	—

*Including those specified in Sections 2, 3, 7, and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

†Section 122 of the Public Health Acts Amendment Act, 1890, has been adopted. The accommodation required is one closet for 20 persons.

3. HOMEWORK.

Outworkers' Lists (section 107):—	Lists.	Outworkers.
Lists received from employers twice in the year		
Nature of work :—Wearing apparel	2	2

4. REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year. (1)	Number. (2)
Rag Sorting	111
Boot Repairing	29
Dressmaking	28
Breadmaking	18
Umbrella Repairing	16
Millinery	10
Tailoring	9
Blacksmiths	7
Waste Sorting,	12
Plumbing	10
Joiners	10
Tinplate Working... ..	4
Watch Repairing,	4
Wheelwrights	3
Cycle Repairing	2
Rug Making	3
Carriage Building... ..	2
Stocking Knitting... ..	3
Saddlery	2
Various	11
Total	294

5. OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	1
Action taken in matters re- ferred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	10
Notified by H.M. Inspector	
Reports (of action taken) sent to H.M. Inspector	4
Other	9
Underground Bakehouses (S. 101):—	
Certificates granted during the year	—
In use at the end of the year	—

The following are the details of the defects remedied during the year:—

Workshops Limewashed	3
Workshop. Accumulation of dust beneath Riddle	1
Privies converted to Sanitary Water Closets ...	2
Pail Privies converted to Sanitary Water Closets...	14
Vitiation of atmosphere from Gas Stove Fumes ...	2
Fire escape to Mill	1

HOSPITAL ACCOMMODATION.

Two infectious diseases Hospitals receive patients from Batley, viz., the Oakwell Joint Hospital and the Dewsbury Joint Hospital. The Oakwell Hospital receives patients from the Borough of Batley, and the Urban Districts of Birstall, Birkenshaw, Drighlington, Gomersal, and Gildersome. This hospital is situated near Drighlington Railway Station, about three miles from the centre of Batley. The site is about eight acres in extent. There are three ward pavilions, an administrative block, nurses' home, laundry, disinfecting and discharge blocks, and mortuary. Enteric Fever, Scarlet Fever, and Diphtheria are the diseases treated. The Small Pox Hospital containing 16 beds, is some 500 yards distant from the above and consists of a caretaker's house, one ward pavilion, with nurses' quarters and laundry.

The Town Council of Batley is represented on the Board by one Ex-Officio Member and 12 Elective Members.

The accommodation in the Hospital is 68 beds and 20 cots.

During the autumn, as was to be expected, owing to the extremely hot summer and the number of privies existing in the area which the Oakwell Joint Hospital serves, a number of cases of Enteric Fever took place. This necessitated the erection of a new temporary block. The accommodation still being insufficient further accommodation was found for ten patients suffering from Enteric Fever at the Small Pox Hospital, which was in use from October 2nd to November 10th. It having been decided to permanently extend the hospital tenders were invited.

At a meeting of the Oakwell Joint Hospital Board on January 4th, 1912, certain tenders were accepted the total amount of which was £5,270. The Chairman, Councillor B. Turner, J.P., C.C. pointed out at that meeting that the Board had already spent in connection with the Small Pox buildings a sum of £449 2s. 0d. and the tenders for the completion of the extension of the hospital amounted to £5,270, making a total of £5,719 2s. 0d.

On the other hand the Batley Corporation had paid the sum of £2,531 on loan account (in connection with their inclusion in the hospital area) and the Oakwell Joint Hospital Board had obtained sanction from the Local Government Board to borrow £3,782, making a total of £6,313 at the disposal of the Board. The cost of the extensions being £5,719 2s. 0d. the balance would be required for the furnishings, etc. The following table gives particulars of removals from Batley to the Oakwell Hospital during 1910:—

Diseases.	Remaining in Hospital 31st December, 1910	Admitted to Hospital during 1911	Discharged cured	Remaining in Hospital 31st December, 1911	No. of Deaths	Mortality % of admissions
Scarlet Fever	1	14	10	5	—	—
Diphtheria	4	40	40	—	4	10.0
Typhoid Fever	2	37	30	5	4	10.8
Totals	7	91	80	10	8	8.7

The Urban District of Soothill Upper was one of the districts which sent patients to the Dewsbury Joint Hospital and when the greater portion of that district became part of Batley

in April, 1910, the agreement still held and hence patients from that part of the Borough would be sent to this Hospital.

The Dewsbury Joint Hospital, situated at Earlsheaton, consists of three ward pavilions, an administrative block, nurses' home, laundry, disinfection chamber, discharge block, mortuary, waiting rooms, stables and coach house, etc. The contributing authorities are Dewsbury and Heckmondwike, but since April 1st, 1910, Batley has become a partner. The Borough of Ossett also sends in patients which they pay for. There are 72 beds and 20 cots. Enteric Fever, Scarlet Fever, and Diphtheria are the diseases admitted. The Small Pox Hospital is one mile away from the main building. It consists of two large ward pavilions divided into four, with similar other buildings to the above. There are 50 beds and 12 cots.

During the year it was decided to make extensions to this hospital and towards the close tenders were invited for the necessary work.

The following are particulars of admissions of Batley patients to this hospital during 1911:—

Diseases.	Remaining in Hospital 31st December, 1910	Admitted to Hospital during 1911.	Discharged cured	Remaining in Hospital 31st December, 1911	No. of Deaths	Mortality % of admissions
Scarlet Fever	—	1	—	1	—	—
Diphtheria	—	1	1	—	—	0.00
Typhoid Fever	—	3	3	—	—	0.00
Totals	—	5	4	1	—	0.00

There is in addition to the two preceding hospitals the old Small Pox Hospital at Smithies Moor Lane, Batley. The site is within the Borough, about six acres in extent, of which four acres have been enclosed by a high wall 6ft. 6in. high. On this walled-in area some buildings of wood and iron were erected in 1897, comprising two ward blocks containing 34 beds, an administrative block, and laundry. It has not been used since 1905 when the last case of Small Pox occurred. The buildings are now unoccupied, the caretaker having been dispensed with some time ago.

They will never be used for Small Pox again, provision for the treatment of this disease having been made at the Oakwell Joint Hospital. The weather has now made the wooden buildings of little use, but the site might readily be utilised for some useful purpose such as an open-air school or similar object.

ADOPTIVE ACTS AND BYE-LAWS.

The following Adoptive Acts are in force in Batley :—

	Parts or Sections in force.	Date of adoption
Public Health Acts Amendment Act, 1890	II, III, IV & V.	November 1st, 1892
Infectious Disease Pre- vention Act, 1890	Whole Act	November 1st, 1892
Notification of Births Act, 1907	Whole Act	January 2nd, 1908

The following Bye-laws and Regulations are in force in Batley :—

Bye-law.	Date.
Prevention of Nuisances ...	1889
Common Lodging Houses ...	1889
Houses let in Lodgings ...	1889
New Streets and Buildings ...	1889

Slaughter-houses	...	...	...	1889
Regulations under Dairies, Cowsheds, and Milkshops Order	...	...	...	1891
Hackney Carriages	...	...	...	1891
Baths and Wash-houses	...	...	...	1893
Markets and Fairs	...	...	...	1898
Betting in Streets	...	...	...	1899
Pleasure Grounds	...	...	...	1910

It would strengthen the hands of the Sanitary Committee and its officers if some of the parts of the Public Health Acts Amendment Act 1907 were adopted by the Corporation, *e.g.*, those sections which relate to the paving of yards and the regulation of offensive trades.

Bye-laws to regulate offensive trades are very desirable. None have yet been made by the Corporation.

Section 51 of Part III. of the above Act gives extended powers to local authorities in this direction.

BACTERIOLOGICAL EXAMINATIONS.

The greater part of this work is done by the County Council at the Laboratory, County Hall, Wakefield. During the year examinations were made of many specimens. Some of these examinations were made in Batley. They were in connection with the following:—

Disease suspected	Total number examined	Result.		
		Positive	Negative	Doubtful
Typhoid	42	36	6	0
Diphtheria	369	154	215	0
Phthisis	97	29	68	0
Totals	508	219	289	0

There is a small laboratory at the Public Health Department, Batley, which was equipped jointly by the Sanitary and Education Committees during 1908. Most of the bacteriological and microscopic work called for in connection with the schools is done by the Medical Officer of Health on the premises in this laboratory. He also occasionally examines specimens for the medical men in the town, to oblige them. Only urgent cases are dealt with, the amount of work being done by the Public Health Department making it impossible for sufficient time to be devoted to doing any more than this at present.

ZYMOTIC DISEASES.

The term Zymotic is usually limited to those communicable or infectious diseases which occur in epidemics. The diseases which are included in the term Zymotic when referring to the Zymotic Death Rate are Small Pox, Scarlet Fever or Scarlatina, Diphtheria (which also includes Membranous Croup), Typhoid (or Enteric) Fever, Measles, Whooping Cough, and Diarrhoea. The first four diseases are notifiable, meaning thereby that their notification to the Medical Officer of Health is compulsory under the Infectious Diseases Notification Act of 1889. The three latter are not included in this Act, and hence are known as non-notifiable.

The Health Department in Batley becomes aware of the existence of most of the cases of Measles and Whooping Cough through the notifications received from the Head Teachers in the schools.

The zymotic death rate for Batley during the year 1911 amounted to 2.7 per 1,000.

The following table shows a comparison between Batley and the rest of England and Wales since 1900. The fairest comparison is made if Batley is considered one of the 77 great towns. It is not actually one so far as population is concerned, but from every other point of view its conditions are essentially the same as one of the 77 great towns rather than one of the 136 smaller towns.

	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911
England and Wales	2.00	2.05	1.64	1.46	1.94	1.52	1.73	1.26	1.29	1.12	0.99	1.88
77 Great Towns	...	...	2.12	1.89	2.49	1.88	2.24	1.54	1.59	1.42	1.23*	2.29*
136 Smaller Towns	...	...	...	...	2.03	1.50	1.71	1.29	1.26	1.08	0.88*	1.98*
BATLEY	3.3	3.6	2.3	1.9	5.8	2.9	3.5	1.7	2.5	0.78	0.7	2.7

* Previously to 1910 the figures were calculated upon 76 great towns and 142 smaller towns. Since then the Registrar General has made a re-arrangement.

The following table gives the deaths from the various non-notifiable diseases since 1890, and the number of notifications received since 1909.

YEAR.	CHICKEN-POX.		MUMPS		MEASLES.		WHOOPIING COUGH.		DIARRHŒA.	
	No. of Notifications	Deaths	No. of Notifications	Deaths.	No. of Notifications.	Deaths	No. of Notifications	Deaths	No. of Notifications	Deaths
1890	10	...	5	...	33
1891	18	...	7	...	20
1892	4	...	16	...	17
1893	32	...	9	...	77
1894	2	...	5	...	12
1895	0	...	3	...	46
1896	67	...	17	...	19
1897	10	...	18	...	44
1898	13	...	20	...	30
1899	0	...	3	...	53
1900	52	...	8	...	35
1901	4	...	22	...	86
1902	37	...	7	...	20
1903	1	...	18	...	34
1904	32	...	19	...	84
1905	3	...	11	...	55
1906	4	...	18	...	84
1907	7	...	5	...	39
1908	13	...	7	...	52
1909	54	0	8	0	34	1	78	7	42	6
1910	41	1	2	0	414	3	90	4	30	8
1911	77	0	114	0	225	3	214	25	123	56

The following table gives the number of notifications received, and deaths from the various notifiable diseases, during the period 1890 to 1911.

YEAR.	SCARLET FEVER		DIPHTHERIA AND MEMBRANOUS CROUP		ENTERIC AND CONTINUED FEVERS.		SMALL-POX		ERYSIPELAS.		PUERPERAL FEVER	
	No. of Notifications	Deaths	No of Notifications	Deaths	No. of Notifications	Deaths	No. of Notifications	Deaths	No. of Notifications	Deaths	No. of Notifications	Deaths
1890	74	1	28	4	33	12	0	0	30	4	5	2
1891	85	8	68	7	139	17	89	13	35	0	1	3
1892	130	16	121	18	33	8	453	49	58	3	5	0
1893	95	7	100	13	60	8	14	3	53	3	5	3
1894	120	11	83	10	57	11	3	0	36	4	2	2
1895	47	0	29	3	47	6	0	0	41	1	1	3
1896	127	7	12	0	52	10	0	0	35	0	2	2
1897	135	16	20	3	41	10	0	0	22	1	1	0
1898	146	10	24	8	111	15	1	0	32	1	2	0
1899	64	2	33	7	73	16	1	0	31	3	3	3
1900	38	0	23	9	46	11	0	0	14	2	2	1
1901	62	1	16	3	53	13	0	0	11	0	1	2
1902	21	0	39	6	30	27	10	2	15	1	1	0
1903	88	6	51	4	42	8	57	2	9	1	0	0
1904	202	14	46	9	104	22	103	6	12	1	1	2
1905	233	15	23	3	82	11	21	2	18	1	3	2
1906	74	5	18	4	35	3	0	0	12	1	4	4
1907	19	2	28	6	22	2	0	0	7	0	0	1
1908	48	1	27	5	31	7	0	0	17	0	2	0
1909	122	3	25	4	24	4	0	0	13	1	1	1
1910	35	1	60	7	10	2	0	0	24	2	2	2
1911	22	0	66	9	50	8	0	0	25	3	2	1

From the previous tables it will be seen that the Public Health Department investigated 918 cases of infectious disease during the year. 165 were cases of notifiable disease and 753 non-notifiable. Information of the existence of these latter diseases is principally obtained from the head teachers and the attendance officers.

The following table gives the streets in which the various notifiable diseases occurred:—

NOTIFIABLE DISEASES.

Address.	Diph- theria.	Scarlet Fever.	Enteric Fever.	Erysi- pelas.	Puerperal Fever.
Albert Street, B.C.	1	—	—	—	—
Back Brearley Street ...	1	—	—	—	—
Back Brookroyd Lane...	—	—	1	—	—
Back Cross Park Street	1	—	—	—	—
Bath Street	1	—	—	1	—
Batley Carr	—	1	—	—	—
Beaumont Street.....	—	—	—	1	—
Beck Lane	1	—	—	—	—
Belvedere Road	1	—	1	—	—
Birch Street	1	—	1	—	—
Bond Street	—	1	—	—	—
Bradford Road.....	2	2	—	—	—
Bromley Road, H.H. ...	—	—	1	—	—
Bromley Street, H.H. ...	—	1	—	1	—
Byron Street	1	—	—	—	—
Caledonia Road	1	—	—	—	—
Canary Islands, B.C. ...	—	—	1	—	—
Carlinghow Lane	—	1	—	—	—
Carr Street, B.C.	—	—	1	—	—
Carr Street, H.H.	—	—	1	—	—
Chapel Fold.....	3	1	—	—	—
Charles Street	—	—	—	1	—
Clerk Green Street	1	—	—	1	—
Commercial Street	1	1	—	—	—
Common Road.....	1	—	—	—	—
Crofts	—	—	—	1	—
Cross King Street	—	—	—	1	—
Cross Mill Street	—	—	3	1	—
Cullingworth Street ...	3	—	—	—	—
Dark Lane	1	—	—	—	—
Dewsbury Gate Road...	—	—	1	—	—
East Street	2	—	—	—	—
Field Lane	—	—	—	—	1
Fleming Place.....	1	—	—	—	—
Fleming Street.....	1	—	—	—	—
Gladwin Street	2	1	—	—	—
Grace Leather Lane ...	1	—	—	—	—
Grange Road	—	1	1	1	—
Halifax Road	3	3	1	—	—

NOTIFIABLE DISEASES. (Continued).

Address.	Diph- theria.	Scarlet Fever.	Enteric Fever.	Erysi- pelas.	Puerperal Fever.
Hanover Street	1	—	—	—	—
Healey Lane	3	—	15	—	—
Hilberoyd Road	1	—	—	—	—
Hollinbank Lane	—	—	—	—	1
Howden Clough	—	—	1	—	—
Howley Street	—	—	1	—	—
Huddersfield Road	—	—	—	2	—
Hume Street	1	—	—	—	—
Ings Road	—	1	—	1	—
Intake Lane	—	1	2	1	—
Kilpin Hill Lane	1	—	—	—	—
King Street, B.C.	—	—	2	1	—
Luke Street	1	—	—	—	—
Mount Street	1	—	—	—	—
Mill Lane, H.H.	—	—	—	1	—
Naylor's Fold, B.C.	—	—	1	—	—
Norfolk Street.....	1	—	—	—	—
North Street	1	—	—	—	—
Occupation Lane	3	—	—	1	—
Oxford Street	—	—	—	2	—
Parker Place	—	—	1	1	—
Preston Street	1	—	—	1	—
Purlwell Lane	2	1	—	1	—
Queen Street	—	—	1	—	—
Rhoyd Street, H.H. ...	—	—	1	—	—
Richmond Street.....	—	—	1	—	—
Soothill Lane	1	—	—	1	—
Staincliffe Hall Road...	—	1	—	—	—
Station Road	—	—	—	1	—
Sykes Street	—	—	1	—	—
Talbot Street	—	—	1	—	—
Tichbourne Street	4	—	—	—	—
Thorncliffe Road	1	—	—	—	—
Timothy Lane	1	—	—	—	—
Town Street, B.C.	—	—	2	—	—
Trafalgar Street	1	—	—	—	—
Trinity Street, B.C. ...	—	—	—	1	—
Upper Batley Lane ...	—	—	1	—	—
Upper Croft Street.....	1	—	—	—	—
Upper Lane	—	1	—	—	—
Villiers Street	1	—	—	—	—
Ward's Place	2	—	—	—	—
Warwick Road.....	1	2	3	—	—
Wellington Street	3	—	—	—	—
West Park Street	—	—	1	—	—
Wheatcroft	1	—	—	—	—
Whitaker Street	—	1	1	1	—
White Lee Road.....	1	—	1	—	—
Woodwell Street.....	—	1	—	—	—

DISINFECTION.

The following table gives a list of the various articles which have been dealt with during the year :—

Article	No. Disinfected
Beds	673
Pillows and Bolsters	1325
Cushions	235
Blankets	1433
Sheets	417
Mattresses	511
Quilts	495
Wearing Apparel	3014
Carpets	395
Miscellaneous Articles	230
Total	8728

539 houses have been disinfected as follows :—

After Scarlet Fever	...	...	...	18
do. Diphtheria	...	...	...	74
do. Enteric Fever	...	...	...	46
do. Death from Consumption	...	...	...	32
do. Whooping Cough	...	...	...	158
do. Measles	...	...	...	174
For various reasons	...	...	...	37

The following articles have been destroyed during the year, at the request of the owners, after infectious disease :—

- 10 Beds.
- 4 Pillows.
- 6 Mattresses.

The disinfection of bedding, etc., belonging to the Batley and District Hospital is carried out free of charge by the Public Health Department. During 1911 the number of beds thus dealt with for the Hospital amounted to 118. The following schools were sprayed with Formalin during the year:—

Park Road Council School.
Purlwell Infants' School.
Staincliffe Infants' School (3 times).
Staincliffe Mixed School.
St. Mary's R.C. School.
Parish Church Mixed School.

On the termination of an infectious disease, or the removal of the patient to the isolation hospital, disinfection of the premises is immediately carried out by fumigation with formalin vapour or by the use of the formalin spray.

Bedding, articles of clothing, and similar things which cannot properly be disinfected by these means are removed to the depôt in Bradford Road where they are submitted to the action of steam by being passed through the steam disinfecter which was erected there some years ago by Messrs. John Illingworth and Co.

Books belonging to the Free Library which may be at the homes of persons where infectious disease occurs are taken away and are not returned to the library to be re-issued until they have been submitted to the action of formalin vapour in a special cabinet which is used for this purpose.

Two separate vehicles are used for the purpose of dealing with the removal of infected articles.

One carries infected things away from the homes, and the other is used to return the articles after they have passed through the process of disinfection.

During the autumn a new van for the removal of infected articles from houses was purchased by the Sanitary Committee at a cost of £32. It is quite modern and lined throughout with

zinc, thus rendering the process of cleansing and disinfection easy. The old van had been in use for many years and was practically worn out.

For some time it appeared probable that the supplies of disinfectant which it had for years been customary to hand out with a free hand to all applicants were not being put to the purpose for which they were being supplied and that abuse was taking place.

I had the names of all applicants taken for some weeks and also had visits paid to the houses of these applicants in order that it could be seen what use was made of the disinfectant supplied.

In a number of cases it was found that the disinfectant was used to throw down the gullies in the street gutters as a deodorant after the bedroom slops had been poured down them. It has many times been pointed out that these street gullies are not constructed to take anything but surface water, and that there are properly trapped gullies in connection with every house to receive slops, etc.

In some cases boys had been coming with several bottles in a basket, fictitious names had been given, and these boys had been selling the disinfectant, making pocket money for themselves.

In other cases it was found that residents outside the Borough were obtaining supplies. I therefore made arrangements that in future only one bottle of disinfectant was to be supplied to one person except in cases where notifiable infectious disease was known to exist at the house or where some other special circumstance arose. The result has been a very great diminution in the quantity of disinfectants distributed with consequent saving of money to the Corporation. At the same time an abuse has been stopped.

Previously a great deal of time was taken up by the staff in supplying applicants.

Saturday morning was especially a heavy one, a crowd of children taking up the full time of two men from nine until frequently twelve o'clock.

We know now, that, as far as it is possible, every proper case is supplied, and that these are the only cases dealt with.

It should be realised that wherever a smell arises in connection with a drain there must be a defect either in the drain itself or in the trap. It is no use pouring disinfectants down in these cases for they only act as deodorants and do not cure the defect. If the trap and the drain are in perfect working order no nuisance can arise, and it is both unnecessary and futile to put disinfectants down such a drain.

SMALL POX.

Fortunately no case of this disease was notified during the year, although cases occurred in various parts of the country as well as quite close to the boundaries of the Borough, the disease being discovered at Mirfield.

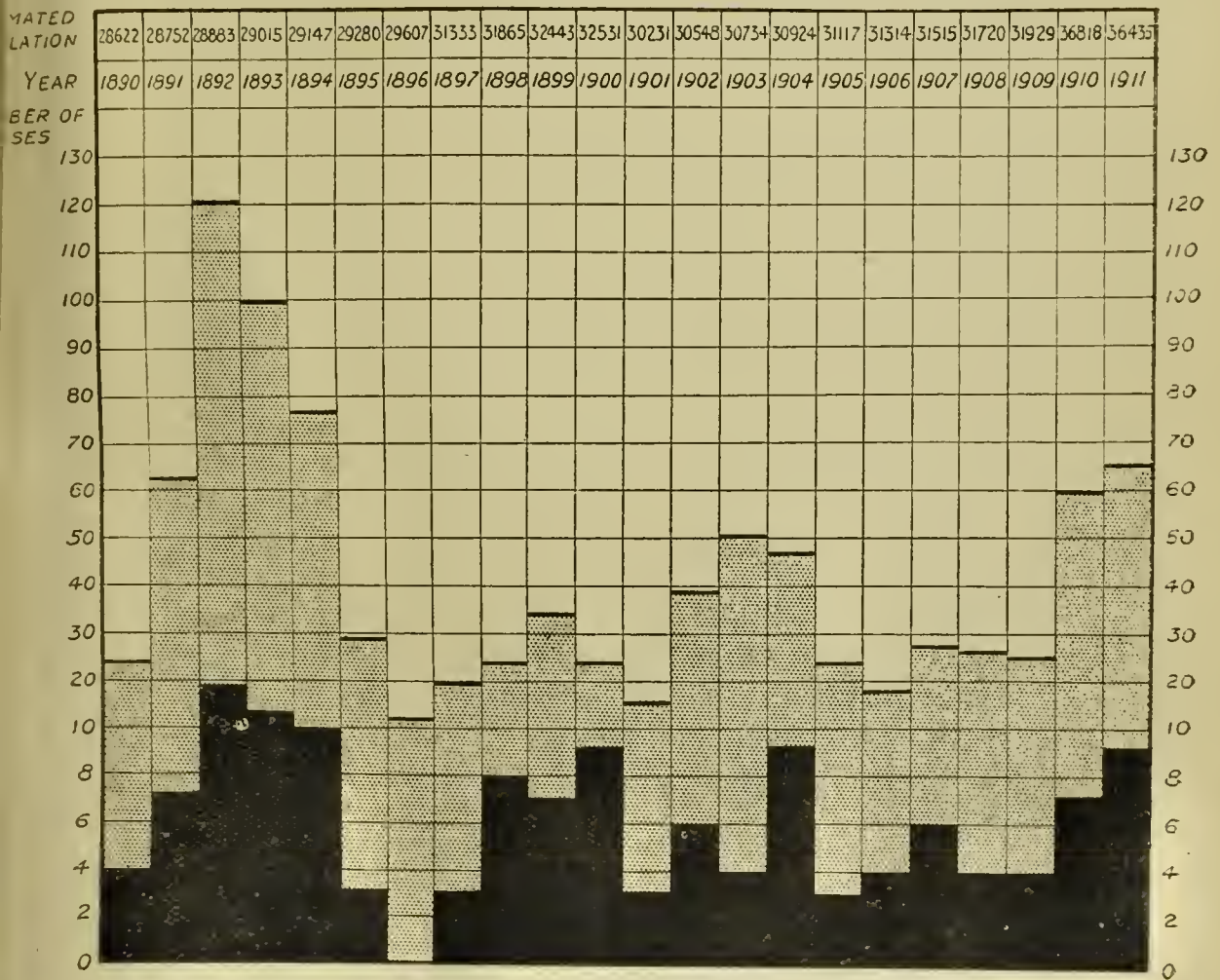
The number of vaccination exemption certificates granted by magistrates to the parents of Batley children during 1911 was 342, and of the children examined in the elementary schools 37.2 per cent. were found to be unvaccinated.

The expected epidemic of Small Pox which may be upon us at any moment will find a very susceptible population to attack. The number of unvaccinated children which have grown up since the last time this district was invaded by the disease are a continual menace to the health of the town, which has suffered severely in the past from Small Pox. An epidemic means dislocation of the trade of the town, a large expenditure of ratepayers' money in fighting the disease, and also the loss of many lives.

In the light of the above figures one cannot look forward to the future without apprehension.

DIPHTHERIA.

Diagram shewing the number of notifications received each year since 1890. The darker shading corresponds to the number of deaths during the same period.



The number of notifications of this disease received during 1911 shows an increase of six on the preceding year, 66 cases being notified against 60.

Forty-one of the patients were removed to hospital.

Diphtheria is to a large extent a disease of childhood, particularly affecting children of school age. Of the 66 cases notified 19 were under 5 years of age and 37 between 5 and 15.

Nine deaths were caused by this disease, all the patients being under 25 years, the age distribution of the deaths being 3 under 5, 4 over 5 and under 15, 2 over 15 and under 25.

Eighteen cases were notified from the North Ward, 19 from the East Ward, 27 from the West Ward, and 2 from the Soothill Ward.

As in the preceding year the majority of cases notified were of an extremely mild nature. The doctors in attendance frequently told me that had it not been for positive bacteriological confirmation they would have hesitated to have diagnosed Diphtheria. We have thus to thank bacteriology for increasing the number of notifications of Diphtheria received and making our figures look worse than they would have been in the days before bacteriology was so readily resorted to. On the other hand the knowledge gained by the Health Department enabled steps to be taken in every case to prevent the further spread of the disease. The advice given was not always welcomed because often the patients were apparently quite well to all outward appearances, and it was difficult to get the relations to believe that although in this condition they could communicate the disease to others with possibly fatal results so long as the bacilli were to be found in their throats.

Bacteriological outfits for swabbing the throat are kept at the Public Health Department, and handed to the medical men of the town on request. Almost all the cases notified were previously swabbed and the presence of the germ of Diphtheria demonstrated.

I am strongly of opinion that so long as the surface water drains in the streets of the town are fouled by the deposit of domestic slops, etc., down the gullies in the street gutters there will be outbreaks of Diphtheria. The Sanitary Committee have endeavoured to have an end put to this practice but without effect.

I am sure if householders realised the risks that are caused to the health of the community by this insanitary practice an improvement would result, and the house drains which are provided for the purpose would be more often used.

The control of Diphtheria depends entirely upon the efficiency with which the health authority is able to control the

movements of the infected persons until the time arrives when bacteriological examination of their throats proves that the diphtheria-bacillus is no longer present. It is usual to obtain three successive negative swabs from the throat before a patient is declared free from infection. This is frequently done in Batley, but in all cases two successive negative swabs must be obtained before disinfection of the house is carried out and the patient set at liberty if nursed at home.

Isolated cases of Diphtheria occurred amongst the school children in nine of the Batley Schools during the year, but the disease was prevented from obtaining a foothold by frequent swabbing of the children's throats and the prompt exclusion of any of them who were found to be carriers.

A great deal of the School Nurse's time was taken up in visiting the homes of carriers and taking swabs of their throats in those cases where no medical man was in attendance.

The only occasion upon which an epidemic occurred was in the autumn, when a sudden outbreak took place in the Infants' Department of Staincliffe Church School.

During the third week in October three cases of Diphtheria were notified on the same day in connection with children attending the Infants' Department of this School. I visited the school and swabbed the throats of all the children present. Seventeen of these were found to be harbouring the Diphtheria-bacillus in their throats although apparently quite well. They were at once sent home, and, together with all other school children from the same house, excluded from school until their presence was no longer a source of danger to the other scholars.

Many complaints were received from the parents of the children excluded, and the utmost difficulty was experienced in getting them to keep their children at home and not allow them to mix with others. Most of the parents refused to listen to the warnings given, and the school nurse reported frequently that she had been abused when she went to the homes to take swabs of the children's throats.

Ultimately when all were found to be free of infection they were allowed to get back into school, the last child being kept away for about seven weeks before it was safe to allow re-admission. It is regrettable that the efforts of the Public Health Department were not supported by many of the parents as they ought to have been. Had these seventeen children remained in school many more cases of Diphtheria would have certainly been notified and probably some of the children who now attend the school would have lost their lives.

Owing to the action taken the epidemic was at once stamped out notwithstanding the opposition encountered, and the town saved from what would have been at the very least a source of serious expense if no further lives had been lost which is improbable.

A single metal drinking cup was used by the infants, and it was this article which caused the spread of infection.

Diphtheria Antitoxin is supplied free by the Corporation under the Diphtheria Antitoxin (outside London) Order, 1910, to medical men on request. During 1911 the amount this distributed was 58,000 units at a cost of £7 5s. 0d.

The particulars of the nine deaths are as follows :—

1. H.W. Female, aged 22. Case notified January 18th. Removed to hospital same day. Died following day. Been ill nine days before notification.
2. F.S. Male, aged 5. Case notified February 10th. Removed to hospital same day. Died February 20th. Been ill three days before notification.
3. A.M. Female, aged 18. Case notified March 13th, death having previously taken place. Patient had not been well for two or three weeks but had been going about for most of the time.
4. J.L.R. Male, aged 4. Case notified April 1st, death having previously taken place. Had been ill for nine days. Doctor called in two days before death.

5. W.O. Male, aged 3. Notification received April 15th, death having previously taken place. Child had been ill since April 6th. Doctor not sent for until 1½ hours before death occurred.
6. A.P. Male, aged 3. Notification received April 19th. Removed to hospital same day. Died April 23rd. Been ill since April 11th.
7. M.E. Aged 6. Case notified September 1st. Been ill for eight days. Infection contracted whilst on a visit to Blackpool. Died September 3rd.
8. P.W. Aged 6. Case notified October 16th. Removed to hospital same day. Discharged from hospital November 17th. Died at home from sudden Cardiac Paralysis November 26th.
9. N.I. Aged 7. Notification received November 7th. Removed to hospital same day. Died December 6th. At this house the brother had been ill for about four weeks suffering from unrecognised Diphtheria, no doctor having attended him. He undoubtedly communicated the disease to his sister with fatal results.

It would be well if householders would remember that whenever there are cases of Diphtheria about, all lumps in the neck, sore throats, croupy coughs, and the like are probably Diphtheritic in origin, and the doctor should be called in without delay.

It will be seen from the history of these deaths that the patient did not have early medical attention in some cases, and in others the disease had proved fatal before the notification was received by the Medical Officer of Health.

It cannot be too strongly urged upon the public generally the importance of calling in a medical man in the early stages. The germs of Diphtheria lodge on the mucous lining of the throat and nose and the surface of the tonsils. They generate a powerful poison, which is absorbed into the blood, and it is this which causes the alarming symptoms of the disease. When seen in the early stages and Diphtheria Antitoxin administered the mortality from the disease is considerably reduced

ERYSIPELAS.

Twenty-five cases were notified during the year against 24 in 1910. The following are the age groups attacked :—

5 to 15	15 to 25	25 to 45	45 to 65
<hr/>	<hr/>	<hr/>	<hr/>
1	2	7	13
65 and upwards.			
<hr/>			
2			

Erysipelas is caused by a germ which sets up acute inflammation of the skin. The disease is less common since the introduction of antiseptics and improved sanitation. The sanitary conditions of the houses in which the cases occurred were investigated and defects dealt with.

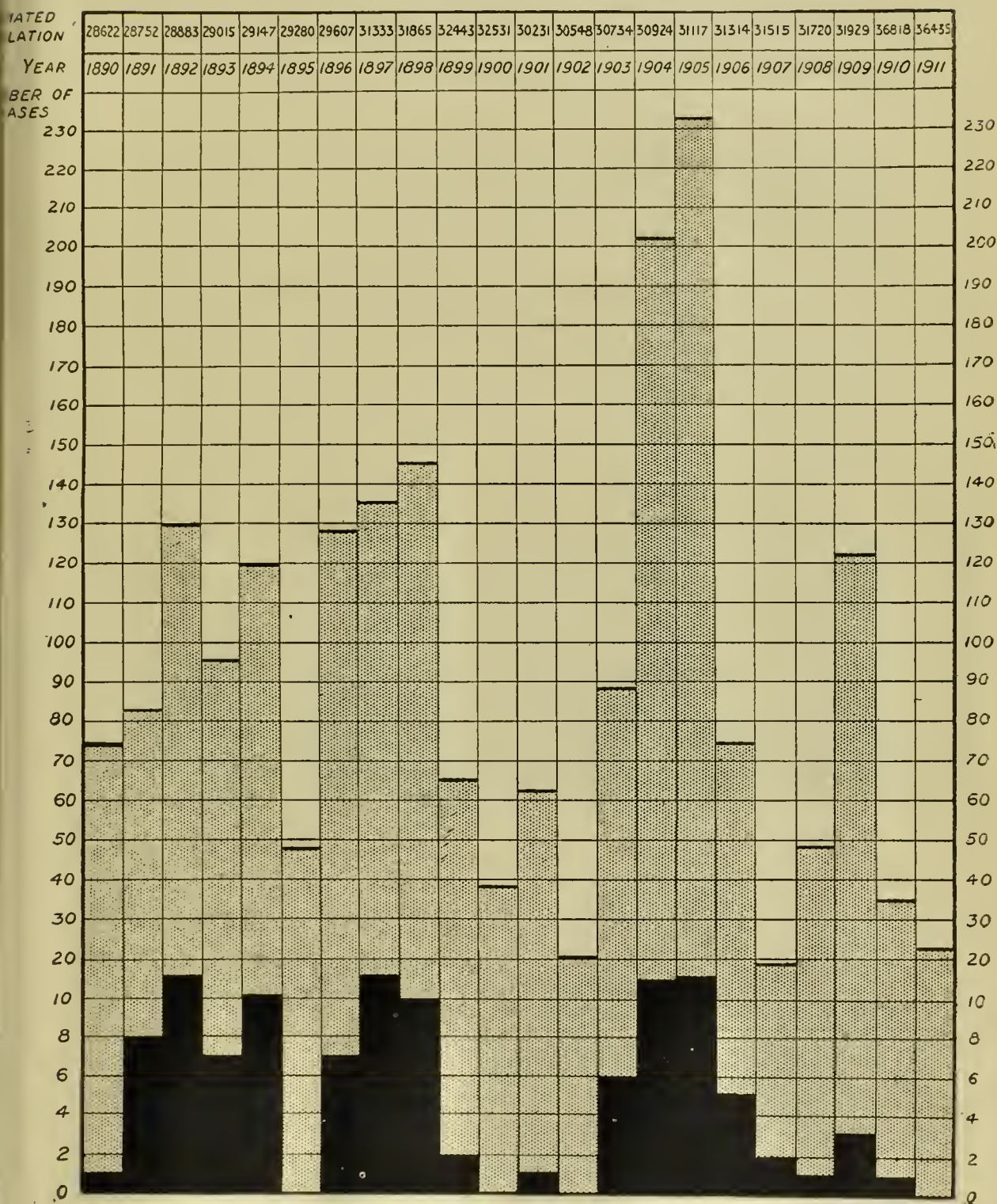
Three deaths were caused by the disease.

The ward distribution of cases was as follows :—

North Ward.	East Ward.	West Ward.	Soothill Ward.
7	10	4	4

SCARLET FEVER.

Diagram shewing the number of Notifications received each year since 1890. The darker shading corresponds to the number of deaths during the same period.



The figures for Scarlet Fever for 1911 do not call for any special comment with the welcome exception that the disease was not accountable for a single death.

Scarlet Fever as usually seen nowadays is very different to what it was some years ago when the type was much more severe. It is to be hoped that this may continue.

If the season is a dry one with little rain, Scarlet Fever appears to be more likely to prevail than when the season is damp. A coincidence is that where there is a high rate of Scarlet Fever there is a low rate of attack of Diphtheria.

Scarlet Fever prevails in long waves of fifteen to twenty years, with short waves every four to six years. We should, therefore, be able to look forward to a comparative freedom from the disease during 1912 if no extraordinary circumstances prevail. Twenty-two cases were notified and fifteen were removed to Hospital.

The ward distribution of cases was as follows :—

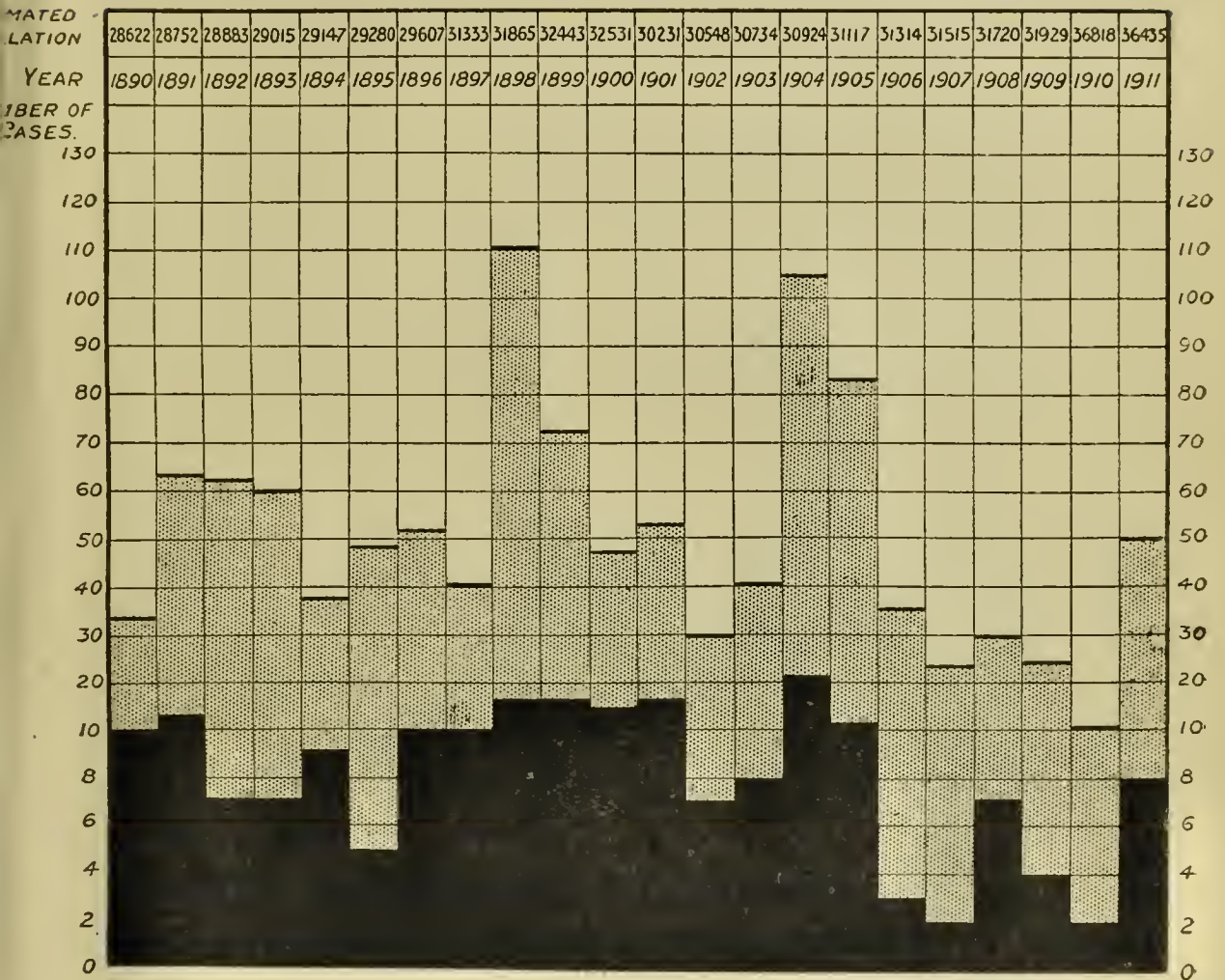
North Ward.	East Ward.	West Ward.	Soothill Ward.
5	8	7	2

The age distribution was as below :—

1 to 5	5 to 15	15 to 25	25 to 45
8	11	2	1

ENTERIC FEVER.

Diagram showing the number of Notifications received each year since 1890. The darker shading corresponds to the number of deaths during the same period:



Since the Corporation in 1905 took in hand the total abolition of privies and privy middens within the Borough there has been a decline in the attack rate from Enteric Fever. The experience of all other towns has been that as privies are abolished Enteric Fever declines. The year just passed has been hotter than the two hottest years of recent times, and on one of the days during the summer of 1911 the barometer at Greenwich gave a higher reading in the shade than at any previous period since records were kept. Obviously 1911 is therefore the year to make a comparison, and going back to the

most recent year 1904 in which the heat most nearly approached that of 1911 we find there were more than 100 cases of Enteric Fever notified then against 50 in 1911. This in itself is a source of gratification, for a reduction of more than one-half is substantial especially when it is recollected that there were still 2,529 privy middens existing within the Borough at the close of 1911, each one being a potential source of the infection of this disease. The position is even better than it appears for of these fifty cases eight of the patients came into Batley already suffering from the disease, two patients caught the infection through sleeping with relatives already suffering from the disease but no doctor in attendance, and two of the fatal cases were probably not Enteric Fever at all. This reduces the actual number which can legitimately be put down to causes arising within the Borough to 38.

Of these 38 cases, twelve occurred in ten houses all close together at the top of Healey Lane, the discharges from an unrecognised case before a doctor was called in having fouled the privy in connection with the houses, and flies—of which there were swarms in all the privies adjoining the houses—having conveyed the infection from privy to privy and from house to house thus caused eleven of the twelve patients to be infected with Enteric Fever. I am fully satisfied that had water closets existed instead of privies this outbreak would never have occurred. Water closets are now installed and the privies abolished. Three cases arose at Hanging Heaton where I was fully satisfied that the infection was contracted in the same way by two of the patients. Eleven privies were close to the house doors and swarms of flies were everywhere. Water closets are also now installed there and the privies abolished. We have thus thirteen further cases which we never ought to have had, thus bringing our numbers down to 25.

The particulars of the fatal cases are as follows:—

1. January 16th. H.P., male, aged 13. Infection contracted through sleeping with an adult who had been infected with the disease outside the Borough and had been ill at home for nearly six weeks suffering from Enteric Fever, a doctor

only being called in at the end of this period. Removed to Hospital and died there February 18th. Had the adult received medical attention at first it would have been recognised that he was suffering from Enteric Fever, and his removal to hospital would have prevented the boy becoming infected with the disease which resulted in his death.

2. July 18th. H.N., female, aged 27. Notification received July 18th after death had supervened. Patient only been ill a few days. No bacteriological examination made. Possibly not Enteric Fever.
3. August 28th. M.A.G., female, aged 45. Notification received August 28th. Been ill then for about three weeks. Died September 19th, nursed at home. Infection almost certainly conveyed to patient by the pollution of food by flies coming from the privy near the kitchen door of the house.
4. October 5th. J.S., male, aged 52. An inmate of the Dewsbury Workhouse Infirmary, where he died, the certificate of death, dated October 5th, certifying Typhoid Fever. Being a Batley man his death is included in the Batley returns.
5. September 29th. R.F., male, aged 23. Case notified as Diphtheria, September 29th, and removed to hospital same day. Found on arrival there to be Enteric Fever. Died at Hospital, October 7th. Infection caught through sleeping with his brother who was suffering from Enteric Fever for several weeks before it was notified. The brother was removed to hospital and recovered.
6. October 4th. W.S., male, aged 18. Case notified October 4th, removed to hospital same day where he died October 25th. Infection contracted through pollution of food by flies from the privy which was quite close to the kitchen door of the house.
7. November 23rd. M.W., male, aged 65. Case notified after death had occurred. Been ill for about a month. Infection contracted outside the Borough.

8. A.B., female, aged 45. Notification received December 4th, death occurring December 14th. Nursed at home. Source of infection could not be traced.

I am sure the Corporation have every reason to be gratified with the results of the work which has been undertaken during the last few years.

PUERPERAL FEVER.

Two cases of this disease were notified. The ages of the patients were 27 and 35 respectively. Death supervened in one instance.

There are thirteen registered midwives practising in Batley. During the year they attended between 240 and 250 births.

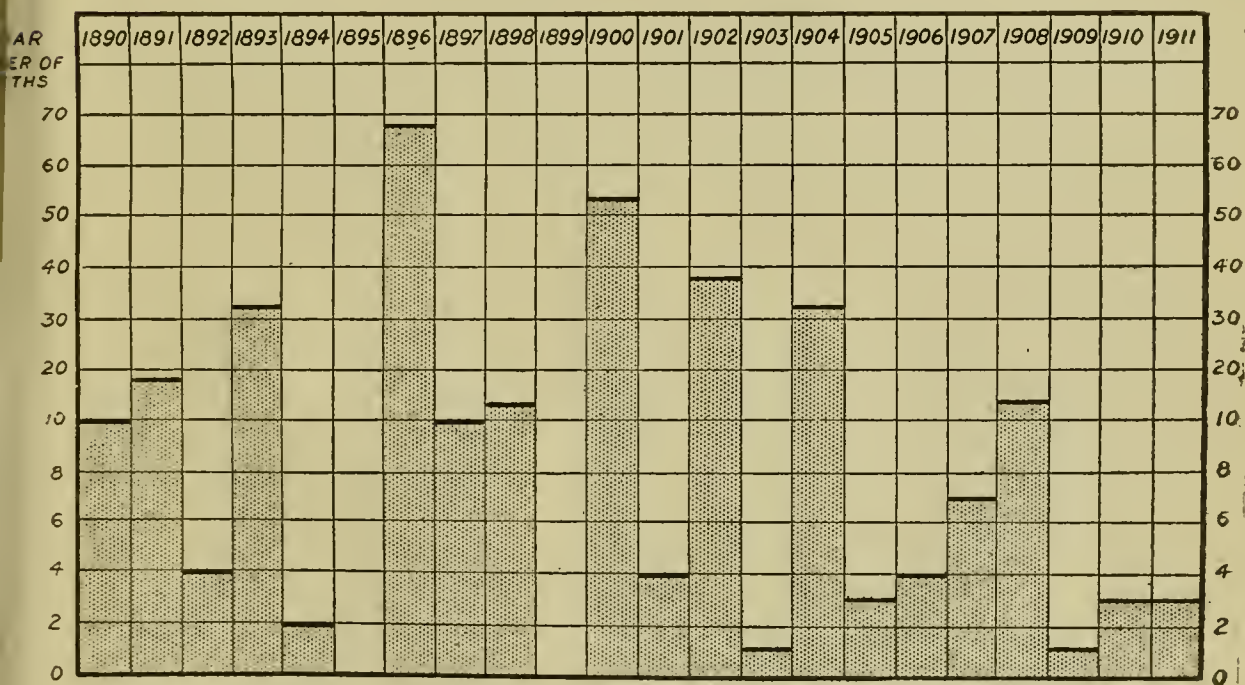
None of these midwives are qualified by having had a Maternity Hospital Training and having passed the examination of the Central Midwives Board.

The supervision of these midwives is carried out by the Medical Officer's Department of the County Council. The midwives are visited at certain intervals, and their books, bags, clothing, etc., are inspected. It would be an advantage if the County Council delegated their powers in this Borough to the Batley Corporation. At the most there must be intervals between the inspections, whereas if the Medical Officer of each Borough had the supervision it would be possible to see the midwives frequently and exercise a regular supervision over them. The Health Visitor regularly reports cases where great ignorance is displayed by the midwives, and it is regrettable that we have no power to interfere at all. She also states that they regularly come to her for information which it is no part of her duty to give, and that the majority of them have no idea how to read a clinical thermometer or take a temperature. During last year she states that several babies born prematurely have had any chance of prolonging their existence which they might have possessed taken away by the method adopted by the midwife at birth. The usual practice of the Batley midwives is to bathe and dress premature children in precisely the same way

as full time children are dealt with, whereas every trained nurse is fully aware that this treatment will probably cause the child's death unless the child be exceptionally strong. The practice also exists amongst some of the midwives of squeezing the child's head into shape after birth, and also the abominable practice of squeezing the baby's nipples, which frequently results in the formation of abscesses in the child's breast, apart from unnecessary torture being inflicted.

MEASLES.

Deaths in Batley during twenty-two years (1890-1911) from Measles :—



Three deaths were caused by this disease during 1911. Two of the children were under one year and one under two years of age.

The Health Department becomes aware of the existence of cases of Measles mostly through the agency of the head teachers and attendance officers. Two hundred and twenty-five cases were investigated, the homes of the sufferers being visited in every case, appropriate advice given by the School Nurse, precaution bills left at each house, and disinfection

carried out after recovery. There is no doubt many cases occurred which the Health Department was unaware of.

The contagion is given off from the secretions of the nose, throat, lungs, and skin, of persons suffering from the disease. Clothing also retains the infection. The catarrhal stage preceding the eruption is most infectious, and this is one of the reasons why epidemics of Measles are so difficult to control. Children may be infectious for two or three days before they fall victims to Measles, and during this period are capable of spreading the disease amongst their school fellows. Measles is very fatal to young children under five chiefly owing to attacks of Pneumonia which follow.

The death rate in Measles is always considerably higher in poor houses where overcrowding may occur. Well fed and well housed children usually make a good recovery.

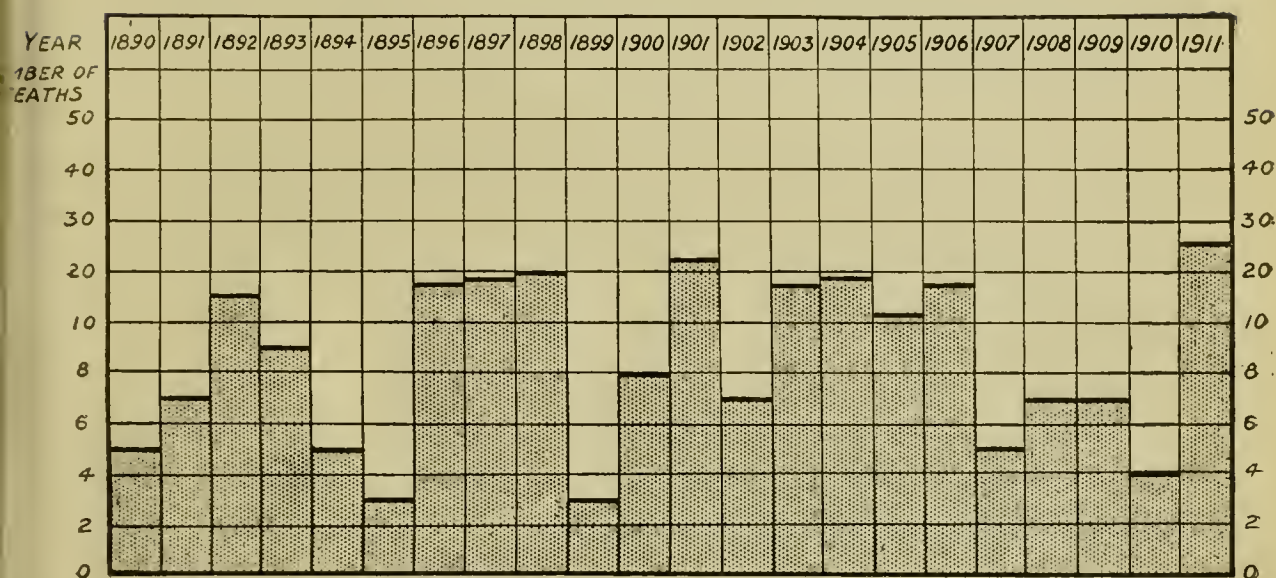
Epidemics of Measles tend to recur at intervals of from two to four years.

During the last year many children have become infected through playing with others who are in an infectious condition, and whose parents will not keep them in the house. It seems impossible to get parents to realise what a serious disease Measles actually is.

In Batley, all children suffering from Measles are excluded from school until free from infection and until after the house has been disinfected. All children who are not themselves ill are also excluded from school unless they are over seven years of age and have themselves already suffered from the disease. In this latter case they are allowed to attend school.

WHOOPIING COUGH.

Deaths in Batley during twenty-two years (1890-1911) from
Whooping Cough:—



Twenty-five children lost their lives from this disease during 1911. Eleven were under one year, six under two years, and eight under five years.

The Health Department, as in the case of Measles, becomes aware of the existence of Whooping Cough chiefly through the agency of head teachers and attendance officers. Two hundred and fourteen cases were investigated during the year, but doubtless there were many other cases which were unheard of.

The same procedure at the homes of the sufferers is followed by the Health Department as in the case of Measles.

Infants and young children are particularly liable to this disease and comparatively few escape attack. Forty per cent. of the mortality from Whooping Cough occurs in the first year, thirty per cent. in the second, fifteen per cent. in the third, and six per cent. in the fourth. In the first two years of life the proportion of deaths to attacks is about ten per cent. Whooping Cough is the most fatal of all the infectious complaints of childhood under five years. The disease occurs in regularly recurring epidemics every few years.

Children attacked by Whooping Cough are excluded from the Batley Schools for five weeks, and also all children under seven years of age from the same house. Children over seven years of age are permitted to attend school provided they themselves have already suffered from the disease even if they live in infected houses.

CHICKEN POX

Seventy-seven cases became known to the Health Department during the year. The patient is always excluded from school for three weeks and all children from the same family as the patient who attend an Infant School are also excluded for the same period.

MUMPS.

One hundred and fourteen cases were discovered. In the case of this disease only the patient is excluded from school, the period being three weeks.

ZYMOTIC DIARRHŒA OR ZYMOTIC ENTERITIS.

Another name for this disease is Epidemic Diarrhœa. Infants and young children are not the only persons attacked, many older persons suffering, although the deaths mostly take place amongst infants. A peculiarity is that although so very fatal in the case of young children, the disease is practically never seen except during the period June to October. Isolated cases may occur in June, rapidly increasing in number in July, the maximum being reached during the first week in August, rapidly falling again throughout September and October.

The prevalence of this disease in any town is an index to the sanitary state of such town, and the prevention resolves itself into vigorous sanitary measures being pursued. All insanitary areas should be made sanitary, organic pollution of the soil by means of privy middens, and the emptying of such, should be stopped by abolishing the privy middens. Streets should be watered and cleansed regularly and frequently, no house should be built on made soil, the exclusion of soil air from houses, and particularly the proper storage of all food and milk in properly ventilated larders, and especially its protection from pollution by flies.

During the year, on the advice of the Medical Officer of Health, the Committee called upon all horsekeepers and cowkeepers to remove all accumulations of manure during the period from May to the end of September periodically, and in no case was an accumulation to remain for a longer period than seven days. The object of this was to prevent the hatching of the eggs of flies which are deposited in manure heaps. If the plague of flies could be lessened the liability to food pollution would decrease. Some slight opposition on the part of the persons affected was experienced, but the result of the Committee's order was undoubtedly a diminution of the number of flies in those parts of the town most thickly congested. Cases of Zymotic Diarrhoea are always associated with houses where flies are swarming, and if the breeding places of the flies are attacked it is reasonable to assume that more benefit will result than in dealing with the flies after they are hatched.

The Nuisance Bye-Laws of the Borough provide that all manure shall be removed at least once in every week.

If all persons affected would obey this Bye-Law without constant supervision on the part of the Inspectors it would be to the benefit of the health of all the inhabitants, particularly the infants.

Whilst the sanitary authority may do its part in the abolition of insanitary surroundings there still remains much to be done by the mothers of the children. Food should not be left about, but should be carefully put away and kept in such a manner that pollution from flies is impossible. Frequently during the hot weather when homes were visited it was found that mothers did not carry out these elementary precautions although urged to do so.

Whilst the pressure was very severe it was arranged that the School Nurse should devote her whole time to assisting the Health Visitor in frequently visiting all homes where children were known to be suffering from Diarrhoea. They both worked extremely hard, and there is no doubt they were the means of

instructing many mothers how to nurse their babies in such a way as to preserve the infants' lives. In some cases they both reported that it was impossible to persuade the mothers to carry out their advice. These were the homes which were in a very uncleanly condition, were infested with swarms of flies, and where a fatal termination almost invariably took place. It cannot be too strongly emphasised that in this disease there is a very great relationship between the mother and her methods and the chances of the recovery or death of her child.

The Nurses gave practical demonstrations and advice to all mothers visited, paid many re-visits, and always left a leaflet of printed instructions at the homes.

As is well known the mortality from Zymotic Enteritis is almost entirely confined to bottle-fed children. Those children brought up on the breast entirely, usually escape.

The Batley figures for 1911 bear this out remarkably.

During 1910 no child died from this disease who was breast fed, and during 1911, out of forty-five deaths under one year of age, forty-one took place in bottle-fed children. Only four were breast fed, and in each case the houses where death supervened were infested with flies, the surroundings were not good, and privies and privy middens were close at hand.

TUBERCULOSIS.

Fifty-seven deaths were certified during the year as being caused by some form of Tuberculosis. This is an increase upon the previous year, when thirty-nine was the number.

Thirty-four of the fifty-seven deaths were due to Pulmonary Tuberculosis (Consumption of the Lungs) and the twenty-three other deaths were due to Tuberculosis affecting some other part of the body.

The age distribution of the deaths from Pulmonary Tuberculosis was as follows :—

1 and under 2	2 and under 5	5 and under 15
2	1	4
15 and under 25	25 and under 45	45 and under 65
5	17	5

As is usual, the greatest number of these deaths took place in persons between 25 and 45 years of age, which is the most useful period of their lives.

The following table gives the number of deaths from all forms of Tuberculosis since the year 1900 together with the death rates from Phthisis and other Tubercular diseases.

Year.	Deaths from Phthisis	Phthisis Death-rate	Deaths from other Tubercular Diseases.	Death rate from other Tubercular Diseases.	Total Death Rate from all forms of Tuberculosis.
1900	50	1.7	14	0.4	2.1
1901	33	1.1	17	0.5	1.6
1902	24	0.8	10	0.3	1.1
1903	36	1.2	26	0.8	2.0
1904	33	1.1	29	0.9	2.0
1905	34	1.1	27	0.8	1.9
1906	26	0.8	15	0.5	1.3
1907	33	1.1	15	0.4	1.5
1908	33	1.1	21	0.6	1.7
1909	29	0.9	24	0.7	1.6
1910	27	0.7	12	0.3	1.0
1911	34	0.9	23	0.6	1.5

The Local Government Board under the Tuberculosis Regulations 1908 having made Phthisis a notifiable disease in the case

of persons receiving Poor Law relief extended compulsory notification so as to embrace all patients receiving treatment at Hospitals by issuing the Tuberculosis in Hospital Regulations 1911. Obviously one step further would complete what had for a lengthy period been advocated by Medical Officers of Health, viz., the compulsory notification of every case of Phthisis wherever occurring.

This was accomplished by the issue of the Public Health (Tuberculosis) Regulations 1911, which came into force on January 1st, 1912. Much good is expected to arise from the notification of the disease under these latter regulations.

Voluntary notification had been in force in Batley since 1908 but had been practically useless.

In some instances the notification certificate was received after the patient's death, and the Public Health Department was already aware of there having been a case of Consumption through the Registrar's death returns. In some other cases the doctor and the patients' families did not wish any action to be taken by this Department. In others, no notification of the disease was sent in.

The Health Visitor deals with all cases of Consumption which are notified. She visits the patient (unless requested not to), advises as to the means to be adopted to safeguard the health of other persons in the house, instructs the patient how to dispose of the expectoration, and lends a pocket spittoon which is the property of the Corporation and is returnable, in addition to leaving a special leaflet of instructions for the use of the patient and other inmates of the house. Visits are paid as often as desirable.

Under the provisions of the National Insurance Act a large sum of money will become available for the erection of Sanatoria throughout the country. It is too early yet to be able to state how this town will benefit. I cannot help thinking however that if much of this money was spent in clearing slum areas and in housing reform throughout the country it would be better spent.

We know that overcrowded and damp dwellings, defective ventilation, dirt, want of sunlight, etc., are the great causes of the disease. If the money was used to abolish, as far as possible, such conditions, it would be a great step towards stamping out Consumption, whereas Sanatoria—useful as they are for the isolation and education of patients suffering from the disease—do not strike at the root of the evil. They do not remove the numerous breeding-places of Consumption and are of no use until a patient has contracted the disease.

Experience has proved that although a patient might benefit considerably under Sanatorium treatment he may quickly become worse than before if he has to return to his home, which is probably a hot-bed of everything which favours the growth of the Tubercle Bacillus.

During the past year much progress has been made in the treatment of consumption by the use of Tuberculin. An increasing number of towns have established Municipal Tuberculosis Dispensaries, and very good results are stated to be obtained.

The most promising method of dealing with Tuberculosis at present seems to be by this means, a farm colony and sanatorium being adjuncts of the Dispensary.

I have made an investigation, so far as is possible under the circumstances, of all the deaths from Tuberculosis in Batley since 1890, a period of twenty-one years. The Soothill Ward of the Borough is included only since April 1910.

The following is a summary :—

Total number of deaths	...	...	1,008
Deaths in the North Ward	...	...	356
" " " East Ward	...	...	368
" " " West Ward	...	...	272
" " " Soothill Ward...	...	...	12

Each street has been taken separately and an index made, which is kept in the Public Health Department. Each house where a death has occurred is shown, and in a moment it is possible to see at a glance how many deaths from Tuberculosis have taken place in each separate house and the year when death occurred.

The house distribution is as follows:—

NORTH WARD.

There are 258 houses in the North Ward where 1 death has occurred.

do.	do.	35	do.	do.	do.	2	deaths have occurred.
do.	do.	5	do.	do.	do.	3	do.
do.	do.	2	do.	do.	do.	4	do.
do.	is	1 house	do.	do.	do.	5	do.

EAST WARD.

There are 274 houses in the East Ward where 1 death has occurred.

do.	do.	20	do.	do.	do.	2	deaths have occurred.
do.	do.	10	do.	do.	do.	3	do.
do.	do.	2	do.	do.	do.	4	do.
do.	do.	2	do.	do.	do.	5	do.
do.	is	1 house	do.	do.	do.	6	do.

WEST WARD.

There are 195 houses in the West Ward where 1 death has occurred.

do.	do.	26	do.	do.	do.	2	deaths have occurred.
do.	do.	7	do.	do.	do.	3	do.
do.	is	1 house	do.	do.	do.	4	do.

SOOTHILL WARD.

There are 12 houses in the Soothill Ward where 1 death has occurred since 1910.

The age groups of the deaths are as follows:—

Death according to Age Group	Under 1	1-5	5-15	15-25	25-65	65 & up
North Ward ...	27	60	38	62	163	6
East Ward ..	19	62	26	82	173	6
West Ward ...	14	30	27	53	142	6
Soothill Ward ...	2	1	—	2	7	—
The whole Borough	62	153	91	199	485	18

It was not possible to visit every house, but with a view to getting some reliable figures a visit was paid to every house where two deaths had occurred—with the exception of several which were unnumbered and others which had disappeared during the twenty-one years—and the following is the condition of these houses :—

North Ward.	East Ward.	West Ward.
<u>TYPE OF HOUSE.</u>	<u>TYPE OF HOUSE.</u>	<u>TYPE OF HOUSE.</u>
Through 16.7%	Through ... 29.2%	Through ... 10.0%
Back to Back 44.4%	Back to Back 50.0%	Back to Back 70.0%
*Single houses 36.1%	Single houses 20.8%	Single houses 20.0%
Cellar Dwellings 2.8%	Cellar Dwellings —	Cellar Dwellings —
<u>NUMBER OF ROOMS.</u>	<u>NUMBER OF ROOMS.</u>	<u>NUMBER OF ROOMS.</u>
1 Room ... 5.6%	1 Room —	1 Room —
2 Rooms ... 52.8%	2 Rooms ... 37.5%	2 Rooms ... 35.0%
3 Rooms ... 22.2%	3 Rooms ... 25.0%	3 Rooms ... 50.0%
4 or more Rooms 19.4%	4 or more Rooms 37.5%	4 or more Rooms 15.0%
<u>LIGHTING.</u>	<u>LIGHTING.</u>	<u>LIGHTING.</u>
Good ... 44.4%	Good ... 50.0%	Good ... 70.0%
Medium ... 38.9%	Medium ... 41.7%	Medium ... 30.0%
Dark ... 16.7%	Dark ... 8.3%	Dark —
<u>VENTILATION.</u>	<u>VENTILATION.</u>	<u>VENTILATION.</u>
Good ... 13.9%	Good ... 33.3%	Good ... 10.0%
Defective ... 86.1%	Defective ... 66.7%	Defective ... 90.0%

* Those houses which have only one entrance but are not built back to back. In some cases they have a window opening on the back, but in most cases this is not so.

OTHER DISEASES.

I have not become aware during 1911 of any influences specially threatening the health of the Borough.

Rickets is a disease which is very prevalent in this district. The causes, as is well known, are mostly improper feeding of infants, bad housing, defective ventilation, overcrowding, etc. The resultant deformities of Rickets are daily seen in our streets.

Persistent efforts are made by the Health Visitor in order that mothers may be taught how to bring up their children in a hygienic manner, and it is hoped that in the future this disease will become less prevalent as it should do, it being entirely preventable.

One death was certified as due to Rickets during the year.

Acute Rheumatism is not unduly present. Two deaths were caused by the disease during 1911.

Diarrhœa and Enteritis have been very prevalent during the summer and autumn. Reference is made under Zymotic Enteritis.

Pneumonia. No undue incidence has been observed.

Epidemic Poliomyelitis and Epidemic Cerebro-Spinal Meningitis. The following is an extract from the minutes of the Sanitary Committee, dated 20th December, 1911:—

“The Town Clerk submitted letter from the Local Government Board of the 12th instant with regard to these two diseases, enclosing copy of Memoranda by the Board’s Medical Officer thereon, and suggesting that both diseases should be made notifiable under the Infectious Disease (Notification) Act, 1888, in order that this Council and their Medical Officer may have the earliest information of the occurrence of cases of such diseases.”

It was resolved:—

“That this Committee recommend the Town Council to take steps to have the two diseases specified made notifiable under the Infectious Disease (Notification) Act, 1889.”

CANCER.

Deaths from Cancer since 1900:—

Year	Deaths	Year	Deaths
1900	22	1906	29
1901	27	1907	33
1902	24	1908	43
1903	26	1909	34
1904	24	1910	39
1905	27	1911	34

Although during the last decade great advances have been made in investigating the various forms of malignant growths, their cause is still wrapped in some obscurity. From recent researches it seems probable that Cancer has a certain prevalence in certain districts, and that in some districts it is endemic in the same way as Cholera, which disease is always endemic in the delta of the Ganges. Cancer seems to affect in a greater degree, populations living in low lying valleys with clay soils. Populations on high and dry soils are not apparently so subject to malignant disease. Isolated Cancer houses or groups of houses exist in some districts, the disease attacking the inmates in such sequence as to make it appear probable that the cause of the malady has some connection with the house or surroundings. During the past fifty years there has been an increased mortality from Cancer in England and Wales, but this may be more apparent than real, better and more exact methods of diagnosis being now available.

During 1911 of the thirty-four deaths twenty-three were females and eleven males.

The age distribution was as follows:—

15 and under 25 years.	25 and under 45 years.
1	3
45 and under 65 years.	65 and upwards.
15	15

INFANTILE MORTALITY.

I give here a chart shewing the infantile mortality in Batley during the last twenty-two years, and also the infantile mortality in England and Wales during the same period.

During 1911 the number of children born was 852, and 160 of them died before reaching the age of one year. The infantile mortality rate is therefore 187 per 1,000 births.

Of the deaths 151 were legitimate and 9 illegitimate.

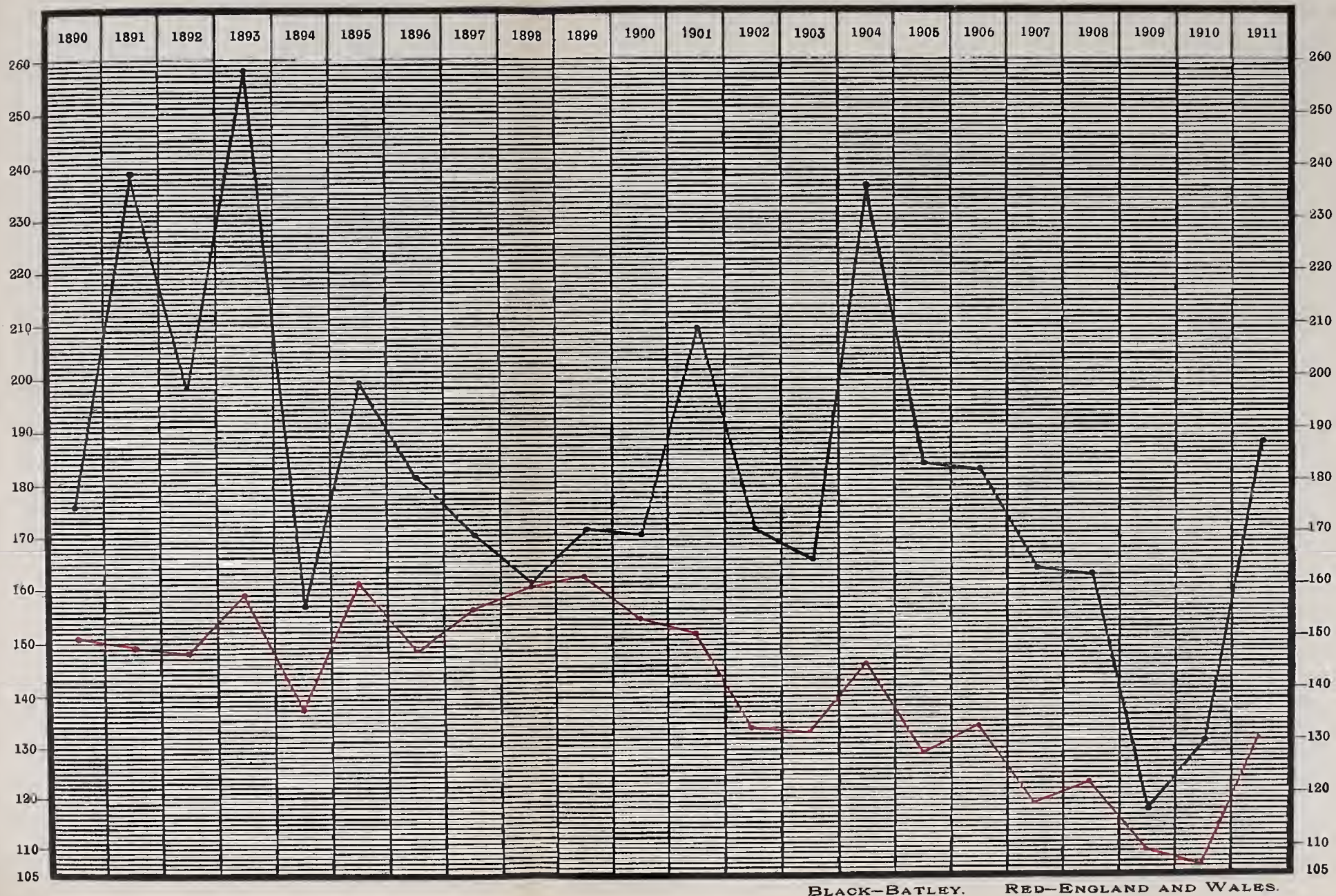
Table showing Infantile Death Rates in the four Wards during 1911 :

Ward	Number	Percentage
North ...	46	172.9
East ...	52	184.3
West ...	45	211.2
Soothill	17	139.3

Table showing the Infantile Mortality in each of the four quarters during 1911 :—

1911	Infantile deaths per 1,000 births
1st Quarter	132.2
2nd do.	154.5
3rd do.	316.9
4th do.	139.6

INFANTILE MORTALITY IN BATLEY AND ENGLAND AND WALES, 1890-1911.



BLACK-BATLEY. RED-ENGLAND AND WALES.

Table showing number of children dying in each of the twelve months of 1911 :—

Month of Life	Number of Deaths.		
First ...	5	} 1st Quarter ...	32
Second ...	14		
Third ...	13		
Fourth ...	13	} 2nd Quarter ...	32
Fifth ...	12		
Sixth ...	7		
Seventh ...	10	} 3rd Quarter ...	71
Eighth ...	32		
Ninth ...	29		
Tenth ...	5	} 4th Quarter ...	25
Eleventh ...	8		
Twelfth ...	12		

Table showing the number of children dying in each of the first four weeks of life :—

Week of Life	Number of Deaths		
First ...	24	} 37	
Second ...	5		
Third ...	4		
Fourth ...	4		

Table showing the chief causes of death under one year of age since 1900.

	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	Total	Percentage
Diarrhoeal Diseases (Diarrhoea Enteritis, Gastritis)	23	67	21	26	69	47	61	27	43	6	10	48	448	25.8
Atrophy, Debility, Marasmus	28	35	31	19	21	12	16	17	9	4	2	8	202	11.6
Premature Birth	13	20	12	13	20	15	15	14	22	18	25	16	203	11.7
Convulsions	11	11	14	15	18	10	12	20	13	10	9	14	157	9.0
Congenital Malformations	5	4	6	9	10	4	2	10	14	14	12	11	101	5.8
Measles	10	1	8	...	9	1	2	2	6	1	1	2	43	2.5
Whooping Cough	1	10	2	10	6	4	6	4	2	5	2	11	63	3.6
Other Infectious Disease	1	...	...	...	1	1	...	...	...	...	2	...	5	0.3
Tuberculosis (All forms)	5	4	3	8	4	8	5	2	2	3	4	3	51	2.9
Meningitis non-Tubercular	1	...	5	...	1	1	5	2	1	1	2	3	22	1.3
Overlying	1	4	1	1	...	...	...	1	...	...	...	2	10	0.6
Bronchitis	26	19	20	18	14	18	15	12	10	9	15	14	190	10.9
Pneumonia	8	5	12	12	12	18	10	5	7	5	5	4	103	5.9
Other Causes	15	9	13	8	8	12	6	7	10	10	18	24	140	8.1
	148	189	148	139	193	151	155	123	139	86	107	160	1738	100.0

TABLE IV.
INFANT MORTALITY.

1911. Nett deaths from stated causes at various Ages under 1 Year of Age

CAUSE OF DEATH.			Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 year.
All Causes	Certified	...	24	5	4	4	37	29	40	35	19	160
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
Small-pox			...	...	...	...	...	...	...	...	...	...
Chicken-pox			...	...	...	...	...	...	...	...	...	...
Measles			...	...	...	...	...	1	...	...	1	2
Scarlet Fever			...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup			...	...	...	...	...	...	...	...	...	...
Whooping Cough			...	...	...	...	...	...	4	5	2	11
Diarrhœa			...	...	1	...	1	10	14	15	5	45
Enteritis			...	...	...	...	...	1	...	...	1	2
Tuberculous Meningitis			...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis (b)			...	...	...	...	...	1	...	...	...	1
Other Tuberculous Diseases			...	...	...	...	...	...	...	1	1	2
Congenital Malformations(c)			4	2	1	...	7	1	3	...	...	11
Premature Birth			11	2	2	...	15	...	1	...	...	16
Atrophy, Debility and Marasmus			...	2	...	2	4	4	...	...	...	8
Atelectasis			...	2	1	...	3	...	...	...	...	3
Injury at Birth			...	...	...	...	...	...	...	...	...	...
Erysipelas			...	...	...	...	...	1	...	...	...	1
Syphilis			...	...	...	...	...	...	1	...	...	1
Rickets			...	...	...	...	...	...	...	...	...	...
Meningitis(not Tuberculous)			...	...	...	...	...	...	1	1	1	3
Convulsions			...	5	...	...	5	3	...	4	2	14
Gastritis			...	...	...	...	...	...	1	...	...	1
Laryngitis			...	...	...	...	...	...	...	...	...	...
Bronchitis			...	...	...	1	1	1	4	3	5	14
Pneumonia (all forms)			...	...	...	...	...	1	3	...	...	4
Suffocation, overlying			...	...	...	...	...	...	2	...	...	2
Other Causes			...	...	...	1	1	5	6	6	1	19
			24	5	4	4	37	29	40	35	19	160

Nett Births in the year { legitimate 812.
illegitimate 40.

Nett Deaths in the year of { legitimate infants 151.
illegitimate infants 9.

It is very noticeable from this table that for the last twelve years more than 25 per cent. of the infantile deaths are due to diarrhoeal disease which are to a very great extent caused by improper feeding.

The total number of deaths under one year in 1911 was 160, an increase of 53 over the preceding year. The fifty-three deaths were made up as follows:—

Measles	...	...	an increase of 1 death.
Whooping Cough	„	„	„ 9 deaths.
Diarrhoea	...	„	„ 38 „
Convulsions	...	„	„ 5 „

The first two are not easily controllable, but the deaths (43) from Diarrhoea and Convulsions are to a very large extent preventable if care is exercised over the food which is given to infants.

The infantile death rate of 187 is high, and as has been seen, the excessively hot summer to a great extent caused it.

It is therefore fitting that a comparison should be made with 1904, the most recent year in which the heat most nearly approached 1911, although the temperature did not then reach to such a high point.

The infantile death rate in 1904 was 236, and therefore a drop of 49 per 1,000 in the figures is eloquent testimony to the work which has been done to improve the sanitary condition of the town in recent years.

The figure is still too high and much yet remains to be done in educating the mothers and sweeping away the existing privy middens.

No true comparison can be made with the last three years, for during that period the infantile death rate throughout the country was phenomenal, it being lower each year than ever previously.

The infantile mortality rate for the 77 great towns for 1911 was 140, and this is the proper standard to compare Batley with.

Although, as I have previously pointed out, the Borough is not one of the great towns so far as actual population, it in every other way is comparable with the great towns.

It may be of interest to point out that the infantile death rate for 1911 in the Urban District of Birstall, which adjoins the Borough, was 230 per 1,000 births registered.

At the end of the year the Borough lost the services of Miss Harris the Health Visitor, who resigned her position in Batley to take up a similar appointment under the Heston and Isleworth Urban District Council. Her district is just outside London, the population of over 43,000 affording ample scope for her efforts. Miss Harris did some very good work in this town during her stay of eighteen months, and the mothers regretted her departure.

She was succeeded in January 1912 as Health Visitor by the School Nurse, Miss Alice Musto.

The following table gives the Infantile Death Rate of several Yorkshire Towns :—

Barnsley	..	..	211
Ossett	..	..	193
Pudsey	..	..	163
Rotherham	..	..	160
Dewsbury	..	..	154
Doncaster	..	..	150
Keighley	..	..	150
Wakefield	..	..	142
Harrogate	..	..	100
Brighouse	..	..	78

The different methods adopted by the Public Health Department to combat the great question of infant mortality are shown in the report of the Health Visitor which follows :—

HEALTH VISITOR'S REPORT.

To the Medical Officer of Health.

Sir,

I beg to present my report on work done by me during the year 1911

Visiting Mothers and Infants.

On receipt of Notification	...	...	781
Re unnotified Births	...	...	28
Re Deaths of Infants	...	...	139
Revisits	...	...	2,937

Consumption.

Visiting Patients	...	...	147
Visiting homes on Deaths of Patient	...	...	31
Various other Visits	...	...	161
			<hr/> 4,224 <hr/>

FIRST VISITS.

On receipt of a notification of a birth the home is visited as soon as possible, the only exception to this rule being homes where advice, instruction, and supervision are obviously unnecessary. Where a visit is paid any necessary advice is given with regard to feeding, clothing, and general care and management, and, unless objections are raised, the baby is weighed. Breast feeding is strongly urged, and failing this the mothers are advised to seek medical advice before weaning. In cases of stillbirth inquiry is made as to the state of the mother's health previous to confinement, and any circumstances noted that may have led to this condition, and advice given accordingly. The returns from the Registrar of the Cemetery, week by week, of stillbirths that have come to his notice make it possible to pay these visits, which are never resented, and appear to be very necessary, when one considers the large proportion of stillbirths occurring every year, not in this district alone, but in all parts of the country.

Unnotified Births. The meaning of the Notification of Births Act is becoming better understood as time goes on and very few births remain unnotified. Indeed we sometimes receive duplicate notifications from the father of the infant and from the doctor, or the midwife, in attendance. This is due to the ambiguity of that part of the Act which makes all the persons responsible. In the few cases where, through misunderstanding, notification is omitted a visit is paid and the meaning of the Act explained. There have been 28 omissions throughout the year as against 21 in the preceding six months.

Subsequent Visits. These are in most instances of even greater importance and more value than the first visits which are paid while the mother is under the care of a medical attendant and able to seek advice from him. In the most ill-kept homes the first visits are expected and prepared for and everything is in a state of quite unusual order and cleanliness which is apt to give one the idea that this is the usual state of things. The revisits are more in the nature of a surprise and neglect or ignorance betrays itself. Now is the opportunity of the Health Visitor to advise, warn, or encourage, with what tact and diplomacy she may possess. Many mistakes in feeding, clothing, and management may be set right, and hints on domestic hygiene may be given. Unfortunately the advice of many neighbours often carries more weight than the advice of one Nurse in such matters as the treatment of sore eyes, coughs, colds, diarrhœa, etc., and then it is not until the complaint has reached a serious stage that the mother will turn to the Nurse for help. There are however an increasing number of mothers who claim and count on the visits of the Nurse and depend on her to set things right if baby is not so well; and in times of more serious illness the casting vote of the Baby Nurse is often required before a doctor is sent for.

Epidemic Diarrhœa. During the autumn of 1911 the town of Batley was visited, in common with nearly every town in England, by a peculiarly virulent type of Epidemic Diarrhœa. The early symptoms of this complaint being very similar to those brought on by a slight chill, or change of diet, and which may be set right by judicious

treatment, many mothers were off their guard and did not obtain medical advice until the disease had taken a strong hold and the child's system became poisoned by the toxin generated. Although many of the cases occurred in the worst kept homes in the town it was noticeable that a very large proportion were to be found in homes where every care was given to the child and where the state of the house was all that could be desired. In fact the disease visited high and low, rich and poor, alike, where the infants were hand fed and the number of these who escaped the infection was very small indeed. The breast fed children experienced an immunity from the disease that is not at all surprising as it is well known that the infection is communicated by way of the mouth only and therefore almost entirely by infected food though soiled baby-soothers are in some cases the medium for imparting the disease.

This epidemic enormously increased the work of health visiting for the time, and I have to acknowledge the great help given me in this direction by Miss Musto, the School Nurse, acting under the Medical Officer's instructions. We visited homes where the disease was reported to have occurred and on finding symptoms of the disease advised the mother to obtain medical advice without delay, unless a doctor was already attending. The importance of fresh air and of cleanliness, in food, clothes, house and person, was urged strongly as also that of abstinence from all food except what the doctors allowed, and of complete rest for the little patient. These last two points were in many cases impossible to secure, as the mothers told us that the babies "*would not lie down*" and "*would have cake and spice*" when the diet was limited by the doctor to fluids such as mutton broth, barley water, etc. When the babies got too weak to insist on their rights it was sometimes too late to save them. Those who work among the people know that many children lose their lives every year, and others have their health and characters ruined, through this fatal neglect of many mothers in the important duty of home training, in which obedience takes first place.

There was practical work to be done on our rounds as well as preaching. Feeding bottles to be washed and left "just so,"

if not already done, soiled clothing put into disinfectant, with a word of warning as to the danger of leaving them even for a moment exposed to the flies ; and sometimes if a baby was so wasted with the disease that the mother hardly dared undress it, we would stay and give the necessary bath, all these as much for object lessons as for the sake of helping the over-worked mothers. Vouchers were also given to be taken to the Public Health Department to obtain increased supplies of the disinfectant supplied by the Corporation.

Enough cannot be said in praise of many mothers who stayed up night and day with their babies hardly daring to snatch an hour's restless sleep for fear baby should become worse, and whose only comfort was the hopeful verdict of the doctor that the symptoms were improving. These were eager for any word of advice, carried out to the letter all instructions, and were more than grateful for our visits and help.

During this time, when ordinary cow's milk was almost barred by the medical profession as liable to infection, great benefit was derived from the use of a preparation of dried milk sold at a slightly reduced price where payment was possible and given out free on production of a voucher to people in poor circumstances

This was done by an arrangement made by the Corporation on the advice of the Medical Officer of Health with a local chemist, the arrangement being made some weeks before in anticipation of this epidemic breaking out owing to the heat and flies. This preparation was advised more or less by all the medical men in the town, and it was provided free for any infant on request of the doctor in attendance, or in such cases as, in our opinion, the circumstances required it.

Health Talks with Mothers. These were held in a poor district in the early part of the year and again in another district during the autumn months, and a very intelligent interest was shown by the mothers who attended, all joining in the discussion of the subjects raised, and many questions being asked. The Talks were held in the rooms lent in turn for the purpose by those attending.

One afternoon in each week is set aside for seeing mothers and infants at the Public Health Department in my office. Some babies are brought because they are not getting on. The reasons for this are sought out, and advice given for future management. Some are brought because they *are* getting on and the mother is proud of the fact and wants Nurse to know. But all, or nearly all, are weighed and particulars entered on cards given out at the time of the first home visits. Many objects are on view and discussed including a banana crate cradle, a set of woollen clothing for a baby, a tiny model baby dressed in hygienic clothing, a feeding bottle with reversible teat and valve, and a chart showing the normal weight of a child at all ages between birth and one year old.

Cookery Class for Poor Mothers. This set of lectures at the Technical Schools began in September, and has been an undoubted success in every way. The mothers invited to join are selected from the necessitous classes; the payment of the Cookery Mistress is arranged by the West Riding County Council, but the supplies of food to be used in demonstration and practical work are paid for by the Batley Corporation. At the end of each class all the food cooked is divided and taken home by the mothers. The attendance this year has been on the whole considerably better than in any previous session. All were new members, but one, who attended a few classes at the end of last session. Certificates of attendance signed by the Chairman of the Sanitary Committee, Cookery Mistress, and the Health Visitor were distributed at the end of the session.

There are thirteen Registered Midwives practising in the district. 149 notifications of births have been received from them during the year.

Consumption. I have made 147 visits to consumptive patients, distributing leaflets concerning prevention of spread of the disease, emphasising the chief points referred to in the leaflet, and especially the value of fresh air, sunshine, and cleanliness in all respects.

I have also visited 31 homes where patients have died of consumption, to make the necessary arrangements for disinfection.

The imperative necessity of fresh air in this complaint is becoming generally acknowledged, and the disinfection by the Health Department of premises and clothing after the source of infection is removed is now eagerly claimed where a very short time ago it was looked upon as impertinent interference with the rights of a citizen.

The following is a very interesting proof of the beneficial effects of unlimited fresh air in a healthy neighbourhood, to a person suffering from this disease. Mrs. S. lived in a very unhealthy congested part of the town, a part such as may be found in most towns, teeming with the deadly germ. She contracted the disease and it developed so rapidly that she was strongly advised to leave Batley and go South. Her circumstances not permitting of this she was persuaded, as an alternative, to move to higher ground, more exposed to wind and sun, never to shut her windows, by day or night, and to live out-doors as much as possible. She did so, and from that time her record is satisfactory as the following extracts from her card will show:—

- February 2nd. Patient advised to go to South of England.
do. 6th. Patient advised, as an alternative, to move to higher part of Batley and try the effects of rest and fresh air.
- March 20th. Removed immediately after Health Visitor's visit to N..... S..... Seems very much better
No sputum now. No cough.
- May 24th. Seems quite recovered. No cough. Able to do all house work easily (this included washing and baking for family). Windows wide open. Goes out often. Good appetite.
- November 25th. Has kept quite well since removing. Fresh air treatment continued.

Sanatorium treatment could hardly have done more for her than Batley air has done, given a fair chance.

I have reported to you 94 cases of nuisances from insanitary state of premises observed by me during the performance of my work as Health Visitor.

I am, Sir,

Yours obediently,

MARGARET EVELYN HARRIS.

BIRTHS.

During 1911 the births of 852 children were registered as having occurred within the Borough, an increase of 29 upon the previous year. The birth rate for the year is 23.3 per 1,000 of the population. The birth rate for England and Wales during 1911 was as under :—

England and Wales	...	...	...	24.4
77 Great Towns	...	...	...	25.6
136 Smaller Towns	...	...	...	23.4
England and Wales, less the 213 towns	...	...	...	23.4

The birth rate of 22.3 for 1910 was the lowest ever recorded for Batley, therefore the slight increase in 1911 is at the least an improvement if only small.

The 77 great towns for 1911 had a birth rate as seen above of 25.6. Batley falls below this.

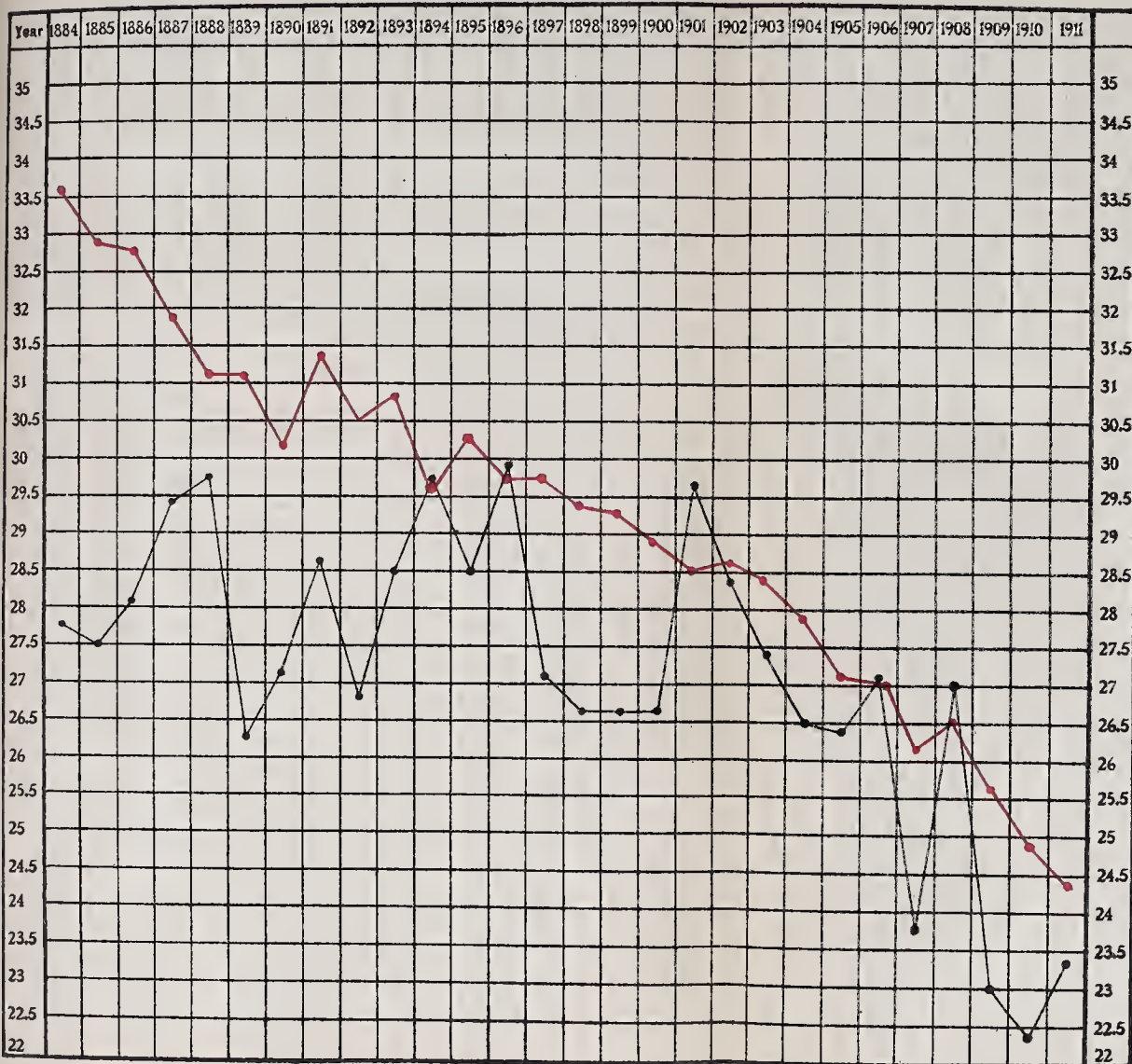
The highest birth rate ever recorded in this country was in 1876, the rate being 36.3.

Of the 852 children born 40 were illegitimate, 22 being males and 18 females.

The following table shows the number of male and female births, together with the rates, in the four wards of the Borough during 1911 :—

Ward	Legitimate.			Illegitimate			Total			Birth Rate per 1000	Percentage of Illegitimate Births
	M.	F.	Total	M.	F.	Total	M.	F.	Total		
North	122	124	246	7	4	11	129	128	257	23.0	4.2
East	128	135	263	8	3	11	136	138	274	22.5	4.0
West	86	101	187	6	9	15	92	110	202	24.6	7.4
Soot-hill	51	65	116	1	2	3	52	67	119	23.9	2.5

CHART SHEWING BIRTH RATE OF BATLEY SINCE 1884.



Year	Actual No. of Births
1884	819
1885	813
1886	831
1887	870
1888	877
1889	819
1890	845
1891	846
1892	772
1893	829
1894	854
1895	829
1896	887
1897	850
1898	855
1899	867
1900	869
1901	903
1902	868
1903	843
1904	818
1905	823
1906	849
1907	753
1908	859
1909	736
1910	823
1911	852

BLACK-BATLEY. RED-ENGLAND AND WALES.

I give a chart showing the birth rate of Batley since 1881, and a comparison is made with the birth rate of England and Wales for a similar period. A study of this shows how the birth rate has considerably fallen since that year.

NOTIFICATION OF BIRTHS. The Notification of Births Act, 1907, makes it compulsory that all births must be notified to the Medical Officer of Health within thirty-six hours of their occurrence.

During 1911, 824 births were thus notified, and in 28 cases no notification was received. Where failure to notify took place, the defaulting parties were written to and their omission pointed out. I have found no case of refusal to notify, the parents always showing that ignorance of the law on their part was the cause. Nearly all homes where births occur are forthwith visited by the Health Visitor, an account of whose work is given previously.

STILL BIRTHS. Sub. Sec. 5 of the Notification of Births Act, 1907, provides for the notification to the Medical Officer of Health of the birth of any child "which has issued forth from its mother after the expiration of the twenty-eighth week of pregnancy, whether alive or dead." A certain number of births occur in which the child has not reached this stage of maturity, and with a view to obtaining further information about these cases I suggested in 1910 that the Registrar of the Cemetery should be asked to supply a weekly list of all still-born children buried in the Cemetery. This is now done, and since its adoption the Health Department has been made aware of all cases of this nature. The Health Visitor calls at the house of the mother with the object of discovering whether there was a reasonable probability of the child having been born at full term instead of prematurely. Appropriate advice is given respecting the management of the mother's health during the latter months of pregnancy in the hope that a similar occurrence shall not take place in the future.

The following table gives the Birth Rate for several Yorkshire Towns:—

Pudsey	17.1	Dewsbury	21.7
Brighouse	17.7	Wakefield	24.3
Harrogate	17.9	Doncaster	24.5
Keighley	20.6	Rotherham	29.0
Ossett	21.5	Barnsley	30.2

DEATHS.

During 1911 the number of deaths amounted to 637. This includes 55 deaths amongst residents of Batley who died outside the Borough as follows :—

Dewsbury Union Workhouse	...	29 deaths.
Oakwell Joint Hospital	... ..	6 „
Leeds General Infirmary	... ..	4 „
West Riding Asylum	... ..	7 „
Dewsbury General Infirmary	... ..	4 „
Other Addresses	... ..	5 „
<hr/>		
Total	... ..	55 „
<hr/>		

The nett death rate for the year is, therefore 17.4 per 1,000. The death rate for the 77 great towns for the same period is 15.5 per 1,000 and for England and Wales 14.6 per 1,000.

It will be observed that the actual number of deaths in Batley during 1911 was 121 more than in the previous year.

The increase is caused by the following diseases :—

Epidemic Diarrhœa, Enteric Fever, Measles, Whooping Cough, Phthisis, Other Tubercular Diseases, Diseases of the Nervous System, Diseases of the Digestive System, Old Age.

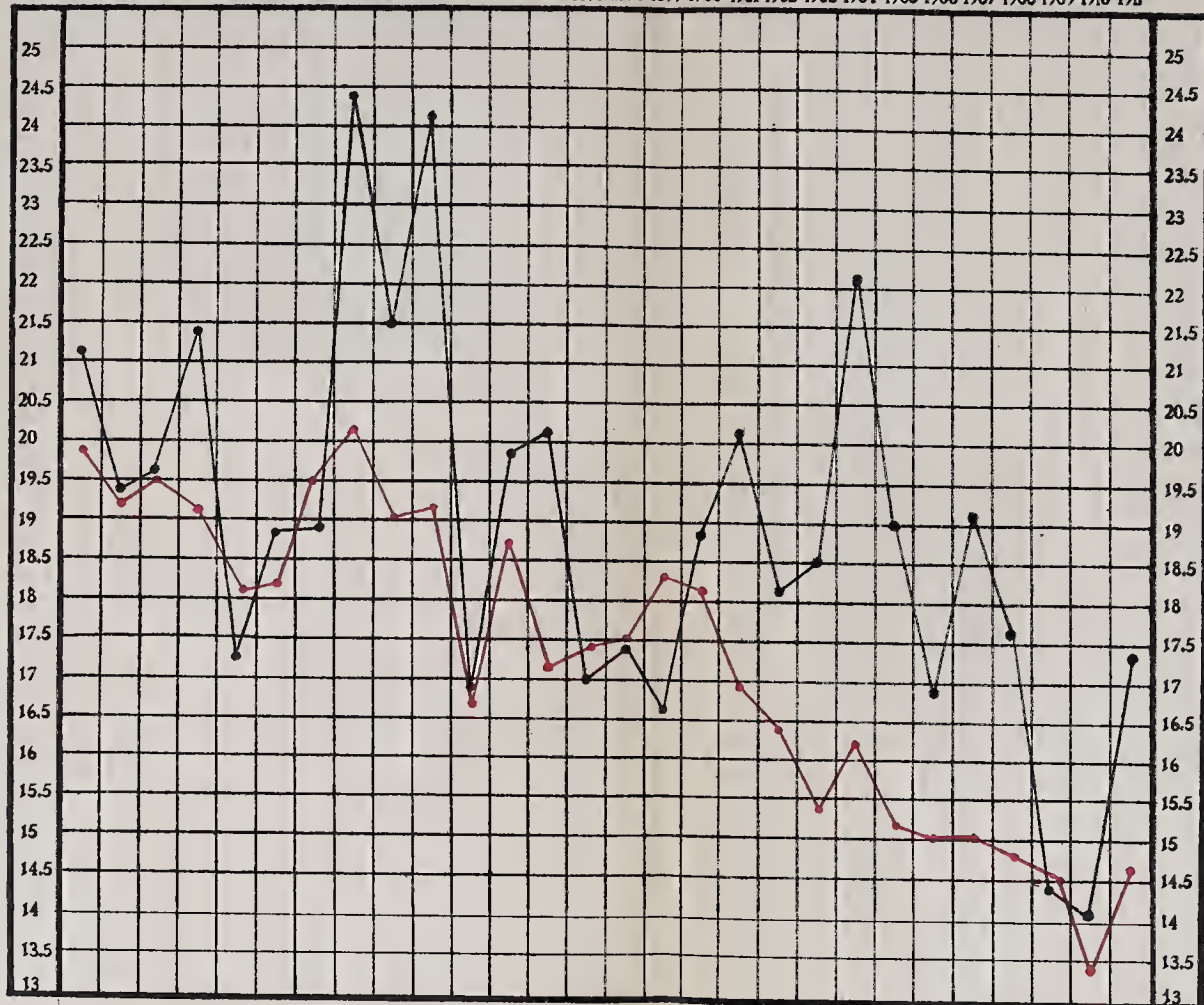
There is a diminution in the prevalence of the following diseases :—

Cancer, Pneumonia, Diseases of the Circulatory System, Diseases of the Genito Urinary System.

The following table shows the chief causes of death during the year, and a comparison is made with the three preceding years :—

CHART SHEWING DEATH RATE OF BATLEY SINCE 1884.

Year 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911



Year	Actual No. of Deaths
1884	607
1885	573
1886	579
1887	645
1888	511
1889	582
1890	584
1891	701
1892	618
1893	695
1894	487
1895	577
1896	601
1897	535
1898	556
1899	539
1900	612
1901	610
1902	556
1903	569
1904	688
1905	593
1906	530
1907	604
1908	565
1909	459
1910	516
1911	637

BLACK-BATLEY. RED-ENGLAND AND WALES.

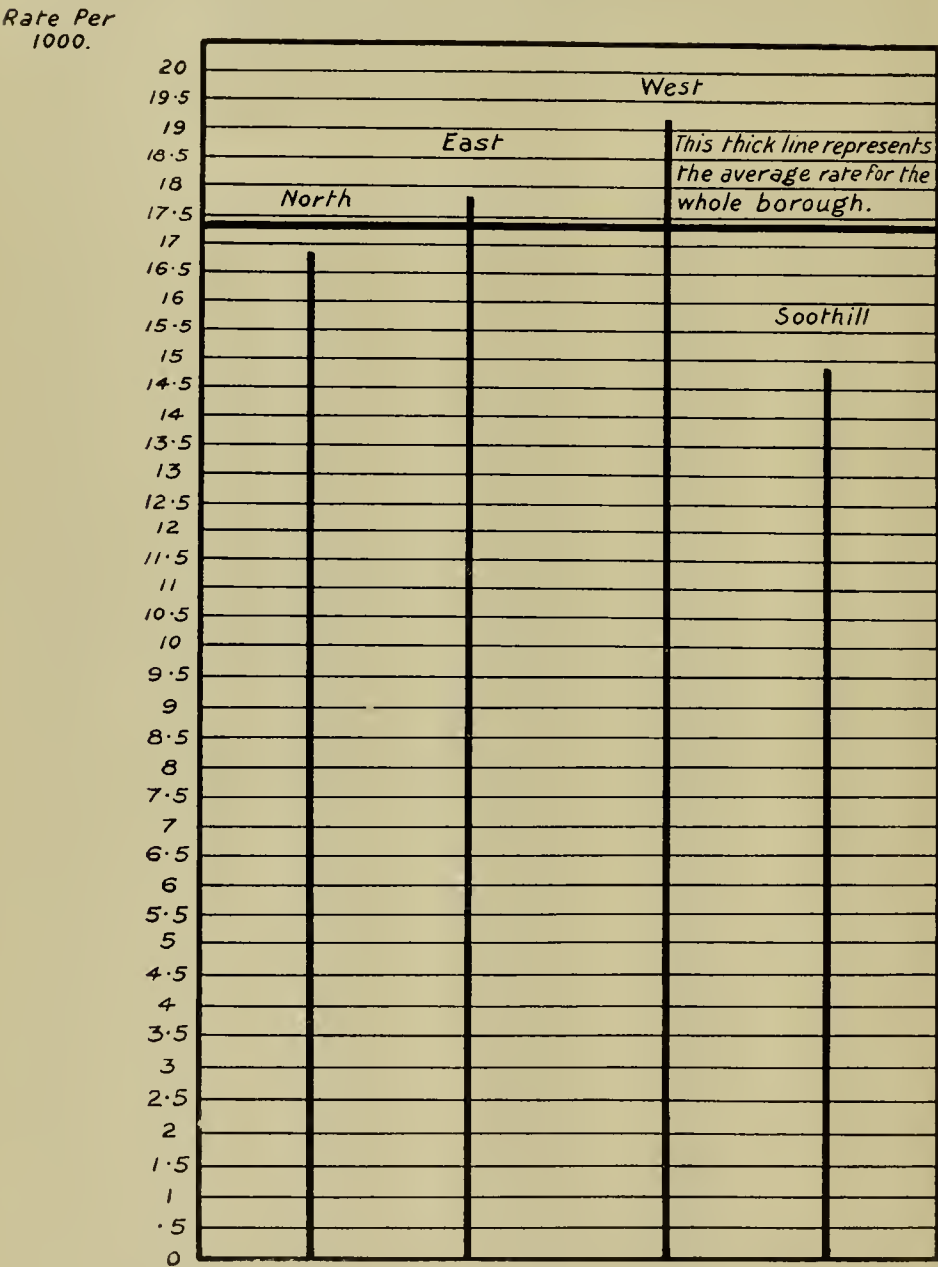
	Year 1911			Year 1910			Year 1909			Year 1908		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Epidemic Diarrhœa ...	28	28	56	4	4	8	5	1	6	27	21	48
Other Zymotic Diseases ...	24	21	45	12	6	18	10	9	19	15	17	32
Phthisis ...	19	15	34	14	13	27	16	13	29	21	12	33
Other Tubercular Diseases	13	10	23	7	5	12	12	12	24	8	13	21
Cancer ...	11	23	34	17	22	39	17	17	34	16	27	43
Bronchitis ...	31	25	56	32	23	55	19	20	39	29	21	50
Pneumonia ...	17	12	29	14	16	30	13	20	33	23	15	38
Disease of Heart and Blood Vessels ...	28	39	67	44	53	97	42	48	90	40	53	93
Genito—Urinary System ...	15	11	26	17	17	34	8	17	25	14	14	28
Nervous System ...	43	47	90	14	21	35	19	13	32	14	12	26
Digestive System ...	55	45	100	6	13	19	6	10	16	9	8	17
Old Age ...	12	19	31	7	20	27	10	10	20	15	13	28

Table shewing number of deaths of residents in various age periods during 1911.

Age period	Number of deaths
Under 1 year	160
1—5 years	68
5—15 „	34
15—25 „	26
25—65 „	198
65 years and over	151
Total	637

It will be seen that the least number of deaths occurred during the age period 15-25, and the greatest during the period 25-65.

Comparative View of the Death Rates in the Different Wards of the Borough during the Year 1911.



The distribution of deaths in the various wards, together with the number and percentage of the total deaths, for each month and each quarter of the year, is here given.

	Persons	Males	Females	% of Total Deaths	WARDS			
					North	East	West	Soot-hill
January	49	18	31	7.70	17	15	11	6
February	52	29	23	8.16	14	19	9	10
March	63	27	36	9.89	18	15	22	8
April	48	24	24	7.53	15	17	13	3
May	65	33	32	10.24	21	18	18	8
June	40	18	22	6.27	12	12	8	8
July	41	27	14	6.43	12	17	8	4
August	69	33	36	10.83	21	27	17	4
September	69	37	32	10.83	20	24	19	6
October	46	23	23	7.22	14	18	8	6
November	45	21	24	7.06	13	17	9	6
December	50	24	26	7.84	12	18	15	5
1st Quarter	164	74	90	25.75	49	49	42	24
2nd „	153	75	78	24.04	48	47	39	19
3rd „	179	97	82	28.09	53	68	44	14
4th „	141	68	73	22.12	39	53	32	17
Total 1911	637	314	323	100.00	189	217	157	74

The following table shews the Death Rate of several Yorkshire Towns:—

Barnsley	20.7	Wakefield	16.4
Ossett	18.3	Pudsey	16.3
Dewsbury	17.4	Keighley	15.2
Doncaster	16.6	Brighouse	12.1
Rotherham	16.4	Harrogate	11.7

A Table is given below in which are shewn some of the chief vital statistics and a comparison is made with those of England and Wales, &c. The proper comparison is made if Batley is considered as one of the 77 great towns.

	Birth Rate.	Death Rate.	Deaths of Children under 1 year per 1000 births.	Zymotic Death Rate.
England and Wales	24.4	14.6	130	1.88
77 Great Towns ...	25.6	15.5	140	2.29
136 Smaller Towns	23.4	13.8	133	1.98
England and Wales less the 213 Towns	23.4	13.9	118	1.4
BATLEY ...	23.3	17.4	187	2.7

INQUESTS.

45 inquests were held during the twelve months, some being held upon residents and others upon non-residents.

RESIDENTS.

Jury's Verdict.	Age of person.
Syncope due to Heart Disease	49 years.
Sudden Convulsions due to an overladen intestine from unsuitable food	8 months.
Found dead from a Convulsion due to neglected constipation of the Bowels	11 weeks.
Sudden spasm in the Glottis and a Convulsion ...	6 months.
Found dead in bed from Cerebral Hæmorrhage due to Diseased Kidneys	59 years.
Suffocation from insufficient inflation of Lungs ...	2 days.
Found dead from shock due to Strangulated Hernia not attended to through ignorance ...	4 months.
Sudden Convulsion due to Bronchitis while teething aggravated by exposure	7 do.
Accidentally suffocated while sleeping in bed with his parents	5 do.
Drowned himself while temporarily insane... ..	49 years.
Sudden Broncho Pneumonia	11 weeks.
Sudden Cardiac Failure from Mitral Disease ...	33 years.
Spine accidentally fractured by fall of roof in Dark Lane Colliery	38 do.
Bronchitis without medical aid	17 months.
Shock from compound fracture of left leg, accident- ally caused by bursting of an oven-door by* steam pressure	49 years.
Tumour of the Brain	56 do.
Pulmonary Tuberculosis	24 do.
Suffocation due to insufficient inflation of Lungs ...	45 minutes.
Skull accidentally fractured by being run over by a Taxi-Cab	5 years.
Convulsions from unsuspected Pneumonia follow- ing Whooping Cough	4 do.
Tuberculosis. Pneumonia. Exhaustion.	17 do.
Acute Congestion of Lungs, Valvular Heart Disease	13 do.

Jury's Verdict.	Age of person.
Convulsion due to Pneumonia	9 months.
Exhaustion from want of nourishment. Neglect ...	19 days.
Debility from Birth, Pneumonia	6 hours.
Sudden Heart Failure due to shock from taking a seidlitz powder, having a weak heart ...	44 years.
Found dead from Syncope due to fatty degenera- tion of the Heart	29 do.
Found dead from Exhaustion due to Pulmonary Tuberculosis	15 months.
Found dead from Tumour of the Brain	44 years.
Fracture of the Skull from fall off a Motor Cycle, Accidental Death	38 do.
Exhaustion from Diarrhoea and Vomiting ...	10 weeks.
Accidentally suffocated in her mother's arms while sleeping in bed with her parents	16 do.
Accidentally drowned by falling into the water at play	2 years.
Found dead in his house from Valvular Heart Disease	57 do.
Accidentally burnt by falling against the fire ...	46 do.
Cut his throat with a razor while in a state of mania	65 do.
Senile Cardiac Failure	85 do.
Heart, etc., injured through being run over by a Taxi-Cab	66 do.
Broncho Pneumonia. Convulsions.	3 months.

NON-RESIDENTS.

Shock from burns	22 months.
Accidentally crushed by a fall of roof	50 years.
Ribs fractured by fall of roof in White Lea Colliery	43 do.
Drowned himself in Staincliffe Mill Dam	52 do.
Syncope while under an Anæsthetic for an opera- tion to remove a tumour	47 do.
Injuries to his head by being accidentally knocked down while trespassing on the railway in the dark to get a short way home	23 do.

APPENDIX.

LOCAL GOVERNMENT BOARD TABLES.

TABLE I.

Borough of Batley.—Vital Statistics of Whole District during 1911 and previous Years.

YEAR.	Population estimated to Middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS ‡		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.*	Rate.	of Non-residents registered in the District. †	of Residents not registered in the District. †	Under 1 Year of Age		At all Ages.	
			Number †	Rate.					Number*	Rate per 1,000 Nett Births 11	Number.*	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906.....	31,314	...	849	27.1	502	16.0	5	33	155	182	530	16.9
1907.....	31,515	...	753	23.8	556	17.6	10	58	123	163	604	19.1
1908.....	31,720	...	859	27.0	536	16.8	8	37	139	162	565	17.8
1909.....	31,928	...	736	23.1	428	13.4	11	42	86	116.8	459	14.4
1910.....	36,818	...	823	22.3	488	13.2	16	44	107	130	516	14.0
1911.....	36,435	847	852	23.3	598	16.4	16	55	160	187.7	637	17.4

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

*In column 6 are to be included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in column 10 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

†The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of death to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to, or subtracted from, the total supplied by the local Registrar.

‡“Transferable Deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, e.g., casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of “non-residents” which are to be deducted, and will state in Column 9 the number of deaths of “residents” registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Area of District in acres }
(exclusive of area }
covered by water). } 3,227.

Total population at all ages.....36,395 } At Census
Number of inhabited houses.....9,115 } of
Average number of persons per house.....3.9 } 1911.

TABLE II.—CASES OF INFECTIOUS DISEASE NOTIFIED

NOTIFIABLE DISEASE.	Number of Cases Notified							Total Cases notified in each locality (e.g. Parish or Ward) of the District				Total cases removed to Hospital.	
	At all Ages.	At Ages—Years.						1 North Ward.	2 East Ward.	3 West Ward.	4 Soothill Ward.		
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.						65 and upwards.
Small-pox
Cholera
Diphtheria (including Membranous Croup)	66	19	37	5	4	1	...	18	19	27	2	41	
Erysipelas	25	...	1	2	7	13	2	7	10	4	4	...	
Scarlet Fever	22	8	11	2	1	...	...	5	8	7	2	15
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	50	...	13	11	20	5	1	10	14	22	4	40	
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	2	...	...	...	2	...	...	...	1	1	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis { Under Tuberculosis Regulations, 1908 Under Tuberculosis Regulations, 1911 Others ...	7	...	1	...	6	...	...	6	1	...	...	...
	5	...	1	3	1	...	...	...	4	...	1	...
	20	2	1	1	12	3	1	7	10	1	2	...	
Totals	197	29	65	24	53	22	4	53	67	62	15	96	

Isolation Hospitals, Oakwell Joint Hospital, Birstall. Total available beds, 68; cots, 20. Number of Diseases that can be concurrently treated, 4.

Dewsbury Joint Hospital, Earlsheaton. Total available beds, 90, cots, 32. Number of Diseases that can be concurrently treated, 4.

TABLE III.

Causes of, and Ages at Death during Year 1911.

Causes of Death	Nett Deaths at the Subjoined Ages of "Residents" whether occurring within or without the district. (a)									Total Deaths whether of "Residents or Non-Residents" in Institutions in the district (b)
	All ages.	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards	
1	2	3	4	5	6	7	8	9	10	11
All causes } Certified (c)	637	160	32	36	34	26	65	133	151	24

Enteric Fever ...	8	...	...	...	1	2	1	3	1	...
Measles ...	3	2	1	...	...	...	...	...	...	...
Whooping-cough ...	25	11	6	8	...	...	...	...	...	...
Diphtheria and Croup (See note (d)) ...	9	...	...	3	4	2	...	...	...	...
Influenza ...	5	...	...	...	...	...	2	2	1	...
Erysipelas ...	3	1	...	...	...	...	...	1	1	...
Dysentery ...	1	...	...	...	...	...	...	...	1	...
Phthisis (Pulmonary Tuberculosis) ...	34	...	2	1	4	5	17	5	...	...
Tuberculous Meningitis (See note (e)) ...	8	...	...	4	4	...	...	...	...	1
Other tuberculous diseases	15	3	4	2	...	3	2	1	...	3
Cancer, malignant disease (See note (f)) ...	34	...	...	...	...	1	3	15	15	...
Bronchitis ...	55	14	3	...	1	...	...	11	26	...
Broncho-Pneumonia ...	6	4	...	2	...	...	...	...	...	...
Pneumonia (all other forms) ...	23	...	2	...	1	3	6	9	2	...
Other diseases of Respiratory organs ...	8	1	...	2	1	...	2	1	1	...
Diarrhoea and Enteritis (See note (g)) ...	56	45	4	...	1	...	...	3	3	...
Appendicitis and Typhlitis	4	...	...	...	1	1	1	1	...	...
Alcoholism (See note (h))	1	...	...	...	...	...	...	1	...	...
Cirrhosis of liver ...	2	...	...	...	...	...	...	2	...	...
Nephritis and Brights Disease ...	17	1	...	...	1	1	5	8	1	...
Puerperal fever (See note (i)) ...	1	...	...	...	...	...	1	...	...	...
Other accidents and Diseases of Pregnancy and Parturition ...	5	...	...	...	...	1	4	...	...	...
Congenital Debility and Malformation including Premature Birth (See note (j)) ...	39	35	1	1	2	...	...	...	...	...
Violent Deaths, excluding Suicide ...	9	2	...	1	1	...	2	2	1	6
Suicides ...	2	...	...	...	...	...	...	1	1	...
Other Defined Diseases ...	263	41	9	12	12	7	18	67	97	14
Diseases ill-defined or unknown ...	1	...	...	...	...	...	1	...	...	...
	637	160	32	36	34	26	65	133	151	24

NOTES TO TABLE III.

- (a). All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are to be *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner to be *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III. should equal the figures for the year in column 12 of Table I.

- (b). All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are to be entered in the last column of Table III.
- (c). All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified;" all other deaths are to be regarded as "Uncertified."
- (d). This heading includes all deaths from croup except those certified as due to "spasmodic," "stridulous," "catarrhal," or "false" croup.
- (e). Under "Tuberculous Meningitis" are to be included deaths from Acute Hydrocephalus.
- (f). Under "Cancer" should be included deaths under such headings as Carcinoma, Scirrhus, Epithelioma, Rodent ulcer, Sarcoma, Cancer, and Malignant Disease.
- (g). Under this heading are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Choleraic diarrhœa, Cholera (other than Asiatic), Gastro-Enteritis, Gastro-Intestinal Catarrh, Muco-Enteritis, Colitis, &c. Deaths from Diarrhœa secondary to some other well-defined disease should be included under the latter

For "Dysentery" *see* note at foot of Table III

- (h). Under this heading are to be included deaths from Delirium Tremens, acute and chronic alcoholism, &c., but *not* those certified as due to organic disease attributed to alcoholism. The number of the latter may with advantage be stated separately, though this statement cannot be included in Table III.
- (i). Under "Puerperal Fever" are to be included deaths under such headings as Pyæmia, Septicæmia, Sapræmia, Pelvic Peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (j). Under this heading are to be included also deaths from Atrophy and Marasmus of Infants, and want of Breast-Milk, but not from Atelectasis.

In any case of doubtful classification of deaths, the Manual to be issued shortly by the Registrar-General should be followed.

NOTES TO TABLE IV.

- (a). The total in the last column of Table IV. should equal the total in column 10 of Table I., and in column 3 of Table III.
- (b). Under Abdominal Tuberculosis are to be included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.
- (c). The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, should equal the total in Table III. under the heading Congenital Debility and Malformation including Premature Birth.
Want of Breast Milk should be included under Atrophy and Debility.
- (d). For references to the meaning of any other headings, *see* notes attached to Table III.

In recording the facts under the various headings of Tables I., II., III., and IV., attention has been given to the notes on the Tables.

(Signed) G. H. PEARCE,
Medical Officer of Health.

Date Feb. 19th, 1912.

BOROUGH OF BATLEY

CAUSES OF DEATH AT DIFFERENT AGE PERIODS OF RESIDENTS DURING THE YEAR 1911.

GENERAL DISEASES.	AGES.															WARDS.			
	AGE PERIODS.															WARD TOTALS.			
	Male	Female	0 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and up	Total	North	East	West	South
Enteric Fever ...	5	3	2	1	1	1	1	1	3	...	...	...	...	...	8	1	1	5	1
Measles ...	13	12	11	6	1	1	1	1	...	...	...	...	...	...	25	11	6	2	3
Whooping Cough ...	4	4	...	1	1	1	1	...	...	...	...	...	...	...	8	...	3	1	1
Diphtheria ...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...
Membranous Group ...	2	3	...	...	...	...	...	2	1	1	1	1	1	...	5	...	2	1	2
Influenza ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	3	1	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	1
Tubercular Phthisis ...	19	15	3	2	1	2	3	9	8	1	1	...	...	...	34	12	12	5	5
Tubercular Meningitis ...	5	3	3	1	1	1	...	1	1	...	...	...	...	...	8	2	1	2	1
Tubercular Peritonitis ...	6	5	2	1	2	2	...	2	...	...	...	...	...	...	11	5	2	1	3
General Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...
Veneral Diseases ...	11	23	...	...	...	...	...	1	2	5	10	12	2	1	31	8	16	9	1
Cancer ...	2	2	...	...	...	...	...	1	...	...	...	...	...	...	4	...	3	1	1
Acute Rheumatism ...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...
Rheumatoid Arthritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Diabetes Mellitus ...	3	3	...	...	...	...	...	1	1	2	1	1	1	...	2	1	2	1	1
Graves Disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Splenic Anemia, Splenic Leukemia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferruginous Anemia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Purpura ...	1	...	1	...	...	...	...	...	1	2	1	1	1	...	2	1	1	1	1
Hæmophilia ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...
Obesity ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...
Alcoholism ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...
DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.																			
Meningitis ...	5	9	3	2	2	1	1	4	1	...	...	...	...	...	14	2	5	5	2
Paralysis Agitans ...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	1	1
Anterior Poliomyelitis ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Ascending Myelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Apoplexy, Hemorrhage ...	16	14	1	...	...	...	...	2	3	9	12	3	1	...	30	7	8	7	8
Congestion of Brain ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	5	1	1	1	1
Softening of Brain ...	1	4	...	...	...	...	...	...	...	1	2	1	1	...	2	1	2	...	...
Hemiplegia ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...
Paraplegia ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...
Paralysis ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	1	1
General Paralysis of the Insane ...	2	...	...	3	...	...	...	...	...	...	...	...	...	...	5	2	3	2	2
Dentition ...	10	9	15	1	1	2	...	...	...	...	...	...	...	...	19	7	3	7	2
Convulsions ...	...	2	3	...	...	...	...	...	...	...	...	...	...	...	5	1	1	1	2
Cerebral Tumour ...	2	3	...	...	...	...	...	...	...	...	...	...	...	...	5	1	1	1	2
Otitis Media ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	2
DISEASES OF THE CIRCULATORY SYSTEM.																			
Pericarditis ...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	1	2	1	1	...
Endocarditis ...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	1	2	1	1	...
Angina Pectoris ...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	1	...	...
Degeneration of Heart ...	2	5	...	...	...	...	...	...	...	2	1	3	3	...	7	2	3	1	1
Chronic Endocarditis ...	1	4	...	...	...	1	...	...	...	...	...	...	...	...	5	3	3	1	1
Valvular Heart Disease ...	18	24	1	...	1	1	1	4	3	6	13	1	1	...	12	9	16	11	6
Arterio Sclerosis ...	5	3	...	...	...	...	...	...	...	2	3	3	3	...	8	3	4	1	1
Cerebral Embolism ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
DISEASES OF THE RESPIRATORY SYSTEM.																			
Sudden Spasm in the Glottis ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...
Acute Laryngitis ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	1	...
Tracheitis ...	31	25	14	3	...	...	...	...	...	2	9	20	7	...	56	20	19	9	8
Pneumonia ...	17	12	1	2	...	...	...	1	5	4	5	1	1	...	29	11	7	10	1
Empyema ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
Pleurisy ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	1	1
Acute Congestion of Lungs ...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	1	1	1	1
DISEASES OF THE DIGESTIVE SYSTEM.																			
Stomatitis, Ulcerative Stomatitis ...	2	1	2	...	...	...	...	...	...	...	...	...	...	...	3	1	1	2	...
Gastritis ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...
Epidemic Diarrhoea ...	28	28	45	4	...	...	...	...	...	1	2	1	2	...	56	19	20	8	9
Diarrhoea ...	6	5	6	2	...	...	...	...	...	1	1	1	1	...	11	4	3	4	1
Intestinal Catarrh ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	4	1	1	1	1
Enteritis ...	3	1	2	...	...	...	...	...	...	...	...	...	...	...	4	1	2	1	1
Gastro-Enteritis ...	3	1	1	1	...	...	...	...	...	...	...	...	...	...	4	1	2	1	1
Colic ...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	3	1	1
Appendicitis ...	3	1	1	...	...	...	...	...	...	1	2	1	1	...	4	2	2	1	1
Hernia ...	3	1	1	...	...	...	...	...	...	...	...	...	...	...	4	2	2	1	1
Intestinal Obstruction, Intussusception ...	...	2	...	...	...	...	...	...	...	2	1	1	1	...	2	1	1	1	1
Girrhosis of Liver ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1
Hepatic Colic ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	1
Peritonitis ...	1	2	...	...	...	1	1	1	1	1	1	1	1	...	3	1	1	2	2
Atrophy of Liver ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	1
Disease of Stomach ...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	1	1	1	1
NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA.																			
Bright's Disease ...	10	7	1	...	...	1	...	2	3	5	3	1	...	...	17	2	8	6	1
Pyelitis ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Disease of Prostate ...	3	...	...	...	...	...	...	...	...	1	...	3	...	...	3	...	2	1	...
Cystitis ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	1
Ovarian Tumour ...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...
Retention of Urine ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...</



BOROUGH OF BATLEY,

**REPORT OF THE SCHOOL
MEDICAL OFFICER
FOR THE YEAR
1911.**

REQUIREMENTS OF THE BOARD OF EDUCATION AS REGARDS THE ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.

Circular 576, Section 13 (d) of the Board of Education requires that, "Every School Medical Officer should make an annual report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send *two copies of the report to the Board of Education as soon as possible after the end of the year under review."

Further, Circular 596 of the Board states that the scope of the report shall include matter under the following heads:—

- (a). General review of the hygienic conditions prevalent in the Schools in the area of Local Education Authority in respect of such matters as surroundings, ventilation, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of schoolrooms and cloakrooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the schools to the health of the children.
- (b). General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service and for the organisation and supervision of medical inspection, and on account of the methods of inspection adopted.
- (c). General statement of the extent and scope of the medical inspection carried out during the year.
- (d). General review of the facts disclosed by medical inspection, under the headings contained in the Schedule to Circular 582, including tables showing the height and

weight of the children inspected (according to age at date of inspection, and sex).

- (e). General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.
- (f). Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsilitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of School Nurses in obtaining or assisting in the treatment of such defects.
- (g). Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45 (b), 53 (b), and 57 of the Code of 1908.
- (h). Review of the methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1893 and 1899.
- (i). Review of :—
 - (1). The methods and results of instruction in personal hygiene and temperance in the Public Elementary Schools in the area ;
 - (2). The methods and results of physical or breathing exercises in the Schools ;
 - (3). Arrangements for open-air schools, school camps, etc., under Article 44 (g) of the Code of 1908.
- (j). Account of miscellaneous work, such as the examination of Scholaship candidates, Pupil Teachers, or Teachers of any grade.

*Since the date of the above circular the Board of Education now require six copies of the Annual Report of the School Medical Officer.

TO THE CHAIRMAN AND MEMBERS OF THE
BATLEY EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I have the honour to submit for your information and consideration the Fourth Annual Report on the Medical Inspection of School Children in this Borough. In the Appendix will be found tables giving particulars of each school together with a table dealing with the schools as a whole.

During the year 1911 all children whose fifth and thirteenth birthdays occurred within the twelve months, together with infants newly admitted under the age of five years, were submitted to the routine medical inspection as required by the Board of Education.

In addition to this the School Medical Officer examined the children whose seventh birthday fell during the year. This extra work is not as yet required by the Board but was done voluntarily as in the past. The number of routine examinations amounted to 1,237.

Many children were seen as special cases outside the routine examinations. Many other children were also seen at the School Clinic. These two classes of inspections are termed non-routine. The number of such children medically examined was 646. The School Medical Officer, therefore, had brought under his observation during the year a total of 1,883 children which is approximately 34·0 per cent. of the scholars on the school registers.

In January 1911 the Board of Education sent down Dr. Ralph Crowley, one of their Medical Officers, to enquire into the working of the arrangements for the Medical Inspection in this Borough.

Dr. Crowley was present at an inspection in the Purlwell School. He also went exhaustively into the methods adopted, visited the office and examined the books, enquired minutely into the manner in which defective children were followed up with a view to having their defects remedied, the work of the

School Nurse, etc. On February 10th 1911 a letter was received from the Board of Education, addressed to the Town Clerk, from which the following is an extract:—

“I am directed to inform the Authority that the Board have received from Dr. Ralph Crowley, one of their Medical Officers, a Report on his recent visit to Batley to enquire into the working of the arrangements for Medical Inspection in the Borough. After consideration of this Report, the Board are satisfied that the work is being very efficiently carried out, and I am directed to forward to the Authority the enclosed Form 1.M.1., conveying the Board's recognition of Dr. G. H. Pearce as School Medical Officer, together with Form 2.M.1., expressing the Board's satisfaction with the provision made for Medical Inspection during the year ending on 31st July, 1911.”

I trust this letter met with your approbation.

I would direct your attention to the remarks made respecting the condition of the hair of some of the older girls together with my suggestions for ridding our schools of this pest.

I would also ask your consideration of my recommendations respecting the teaching of delicate children in the open air.

If something further could be done to improve the ventilation in some of the schools, as referred to in my report for 1910, it would be beneficial.

For your information and convenience I have made a comparison between the figures for Batley and the figures for the West Riding County Council area. These latter have been abstracted from the West Riding School Medical Officer's Report for 1910.

I desire to thank you for your courtesy and consideration extended to me at all times.

I am, Ladies and Gentlemen,

Your Obedient Servant,

G. H. PEARCE.

GENERAL REVIEW OF THE HYGIENIC CONDITIONS PREVALENT IN THE SCHOOLS.

In my Annual Report for 1910 I discussed this subject in detail, each school being separately dealt with. I do not propose, therefore, to recapitulate this year.

* In my opinion it would be of advantage, in so far as the health of the scholars and teachers is concerned, if a sub-committee were appointed to consider the recommendations made therein, with a view to determining what action it is desirable to take.

THE CO-ORDINATION OF THE WORK OF THE SCHOOL MEDICAL SERVICE WITH THE PUBLIC HEALTH DEPARTMENT.

This is laid down as being most essential by both the Board of Education and the Local Government Board. In Batley this is attained, the Medical Officer of Health being also School Medical Officer.

SCHEDULE OF MEDICAL INSPECTION.

The Board of Education's Schedule has been followed throughout. No deviation has been made.

The examination of the 7 year group has carried the work further than it would have gone had the Board's minimum requirements been strictly adhered to.

STAFF.

The actual inspection is carried out by the School Medical Officer. A School Nurse and two Clerks are employed, the former devoting her whole time, and the latter half their time to the work.

The School Nurse is Miss Alice Musto. She is an Associate of the Royal Sanitary Institute, and holds the Inspector of Nuisances and Health Visitors' Certificates of the Royal Sanitary Institute. Her name is also upon the roll of the Central Midwives Board whose certificate she possesses.

* Since the presentation of this Report to the Education Committee a Sub-Committee has been appointed to go into these matters.

During the year the School Nurse has paid 2,701 visits to the homes of children, in addition to many visits to the schools, work done at the School Clinic each day, etc.

Her duties consist in making all preliminary arrangements at schools for the medical inspection. She is present at each inspection, and assists the School Medical Officer. In all cases where children are found to be defective the School Nurse follows them up at home pointing out to the parents the necessity for treatment being obtained. In the majority of instances, her advice is taken by the parents, and the parents' own doctor is consulted.

In some cases repeated visits have to be made to attain this result and in several cases the parents have refused to accept the advice given and informed the nurse that they did not intend to trouble about the matter at all.

Such cases have been brought to the notice of the Education Committee by the School Medical Officer when the Committee have given warning to the parents that a continuance of this attitude would result in further action being taken. This has had the desired result in every case, the parents no longer remaining neglectful.

Frequent visits and re-visits are paid to the schools by the Nurse. She also visits all cases of infectious diseases notified by the teachers to the School Medical Officer. The Report of the Chief Medical Officer to the Board of Education for 1910 contains the following passage:—

“A School Nurse is capable of performing very useful and important functions both in assisting the work of medical inspection and, under medical instruction and supervision, in applying or showing parents how to apply remedies for minor ailments.”

The wisdom of the Batley Education Committee in appointing a School Nurse has been shown over and over again. Her services are of the greatest benefit to the school children in the town. Her time is fully taken up with work and during periods when sickness is epidemic, there is more work to be got through than there is time available.

TEACHERS.

On receipt of notification of an intended visit and inspection, the head-teachers fill up a form and send it out to the parents of every child to be examined giving the time and place of examination and also inviting them to be present. The head-teacher also fills up on the child's medical inspection card all particulars relating to age, standard, attendance, etc., which obviously no other person is able to supply. The particulars respecting cleanliness, clothing, and footgear, are also supplied by the head-teachers and they are asked to group the children into three divisions, 1 being good, 2 fair, 3 bad.

The reason for this is that frequently children have special preparations made for the inspection such as an extra wash, clean clothes and the like, and hence a wrong impression may be formed. The teachers seeing the children every day are able to speak as to their average daily condition and thus a more correct record is obtained. In the case of all children where defects are found the teacher is informed so that, if necessary, modification of the curriculum may be employed. In some cases the teachers have been present during the whole of the examination. Their presence is always welcome and in my opinion is desirable at every routine examination.

ATTENDANCE OFFICERS.

Much assistance has been received during the year from the two Attendance Officers. They regularly notify cases of illness in children observed by them in the course of their duties. All these cases are followed up by the School Nurse and appropriate action taken where necessary.

PARENTS.

It is gratifying to be able to record that out of all the children submitted to the routine examination during 1911 61·8 per cent. of parents were present. The percentage for 1910 was 65·5. During the year under review (1911), the percentages were as follows:—

Boys	...	...	13	.....	43·9	per cent.
Girls	...	...	13	.....	69·3	" "
Boys	...	...	7	.....	59·7	" "
Girls	...	...	7	.....	64·4	" "
Infants	...	...	5 and under		67·9	" "

Great interest seems to be taken each year by the parents in the examination of their children. Although on a number of occasions my duty has compelled me to draw attention to matters of cleanliness, particularly of the hair, no trouble has been experienced. I think that parents now realise that there is everything to be gained and nothing to be lost if their children are medically inspected. The old idea, so prevalent in the beginning, that it was an interference, has rapidly died out. One also used to frequently be told that the mother was the most likely person to know if her child ailed anything, and hence medical inspection was superfluous. During the last year I have had occasion to draw the attention of parents to a number of defects in their children, some of a very serious nature and others of less grave omen, where the parents had not the slightest idea previously that anything was wrong. They have thus been able to obtain appropriate treatment from their own doctors with consequent benefit to the child's welfare. As in the previous year, both the School Nurse and myself have received a number of expressions of thanks from parents.

DISTURBANCE OF SCHOOL ARRANGEMENTS.

The examination has been carried out in a class-room, emptied for the purpose, in all the schools with the exception of Staincliffe, where owing to want of space the work had to be done in the cloak-room, and for similar reasons at the Parish Church School the inspection was carried out in the Church Institute which adjoins the school, and was kindly placed at our disposal by the Vicar. My policy has always been to interfere with the school work in as small a manner as possible. It is desirable that whenever plans may be considered for the construction of future schools, or improvements to existing schools, due regard should be paid to the provision of a room in which medical inspection can be carried out, and which at other times could be used as a teacher's room, etc. It is further desirable that a room in which parents could wait, and which on other occasions could also be employed in some other manner, should be provided.

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NUMBER OF VISITS PAID TO SCHOOLS AND DEPARTMENTS.

The number of visits paid to schools in connection with the routine and non-routine inspection of children has amounted to 105 during the year. Of these visits 65 were paid by the School Medical Officer, and 40 by the School Nurse. The latter has also been in the schools on numerous occasions with respect to individual children.

RECORDS OF EXAMINATION.

The Card Index System is adopted and all records are kept in separate cabinets in the office of the School Medical Officer, each school having its own separate cabinet.

EXAMINATION OF CHILDREN.

The children examined were all those whose fifth, seventh, and thirteenth birthdays fell during the year 1911. In other words, all children born during the years 1906, 1904, and 1898. This gives one more group (age 7) than is actually required by the Board of Education. All new admissions under the age of five were also seen by me.

NUMBER OF CHILDREN INSPECTED.

The total number of children who underwent the routine medical inspection during the year was 1,237. This was made up as follows:—

Boys	...	...	...	13	.....	207
Girls	...	...	...	13	.....	212
Boys	...	...	...	7	.....	241
Girls	...	...	...	7	.....	253
Boys	...	...	...	5	.....	154
Girls	...	...	...	5	.....	170
Infants newly admitted but under 5 years						31

A table giving a summary of the children examined in the various schools classified for age and for sex at date of inspection, is given in this Report. A comparison is also given with the three preceding years.

DEFECTS FOUND AT ROUTINE EXAMINATIONS.

The number of children found to be suffering from one or more defects amounted to 849. Some of these defects were serious, others only minor ailments. A reference to the tables

Table giving a summary of the defects found in the thirteen schools examined,
the children being classified according to age, group, and sex.

DEFECTS FOUND.	Age 5. 1st. Examination.				Age 7 2nd. Examination.				Age 13. 4th. Examination.				Totals 1911.		Totals 1910.		Totals 1909.		Totals 1908.	
	No. found		ratio %		No. found		ratio %		No. found.		ratio %		No.	%	No.	%	No.	%	No.	%
	B	G	B	G	B	G	B	G	B	G	B	G								
Clothing	58	45	37.6	26.4	74	65	30.7	25.6	56	60	27.0	28.3	358	28.9	412	24.7	37	2.9	83	10.4
Nutrition	12	10	7.7	5.8	28	21	11.6	8.3	15	24	7.2	11.3	110	8.8	86	5.1	96	7.4	116	14.6
Vermineous Head	3	57	1.9	33.5	5	107	2.0	42.2	—	94	—	44.3	266	21.5	423	25.4	86	6.7	59	7.4
Cleanliness	60	46	38.9	27.0	77	69	31.9	27.2	56	62	27.0	29.2	370	29.9	435	26.1	89	6.9	100	12.6
Adenoids	5	6	3.2	3.5	6	8	2.4	3.1	4	5	1.9	2.3	34	2.7	58	3.4	32	2.5	21	2.6
Enlarged Tonsils	7	6	4.5	3.5	8	12	3.3	4.7	7	17	3.3	8.0	57	4.6	100	6.0	98	7.6	84	10.5
Enlarged Glands	8	17	5.1	10.0	29	37	12.0	14.6	11	18	5.3	8.4	120	9.7	51	3.0	33	2.6	52	6.5
Teeth, all good	50	68	32.4	40.0	37	26	15.3	10.2	26	37	12.5	17.4	244	19.7	387	23.3	162	12.6	106	13.3
„ 1-4 defective	43	50	27.9	29.4	46	57	19.0	22.5	103	108	49.7	50.9	407	32.9	789	47.5	712	55.2	361	45.5
„ 4-9 „	47	37	30.5	21.7	112	126	46.4	49.8	75	63	36.2	29.7	460	37.1	392	23.6	368	28.6	283	35.6
„ all „	14	15	9.0	8.8	46	44	19.0	17.3	3	4	1.4	1.8	126	10.1	94	5.6	47	3.6	29	3.6
External Eye Diseases	9	3	5.8	1.7	7	8	2.9	3.1	6	9	2.8	4.2	42	3.3	57	3.4	58	4.5	47	5.9
Defective Sight	—	—	—	—	36	28	14.9	11.0	29	40	14.0	18.8	133	14.5	139	13.9	139	14.9	132	19.3
Defective Speech	2	1	1.2	0.5	6	7	2.4	2.7	3	—	1.4	—	19	1.5	13	0.7	36	2.8	31	3.9
Ear Disease	—	1	—	0.5	2	4	0.8	1.5	—	1	—	0.4	8	0.6	23	1.3	29	2.2	32	4.0
Defective Hearing	1	—	0.6	—	7	8	2.9	3.1	1	4	0.4	1.8	21	1.6	28	1.6	56	4.3	48	6.0
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward	—	—	—	—	11	13	4.5	5.1	—	1	—	0.4	25	2.0	4	0.2	24	1.9	64	8.1
Defective	—	—	—	—	—	—	—	—	1	1	0.4	0.4	2	0.1	1	0.06	7	0.5	5	0.6
Disease of Heart	1	1	0.6	0.5	4	1	1.6	0.3	1	2	0.4	0.9	10	0.8	16	0.9	35	2.7	21	2.6
„ „ Lungs	9	10	5.8	5.8	8	9	3.3	3.5	3	5	1.4	2.3	44	3.5	55	3.3	26	2.0	17	2.1
„ Nervous System	1	—	0.6	—	—	—	—	—	—	—	—	—	1	0.08	5	0.3	5	0.4	2	0.2
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary	2	—	1.2	—	4	—	1.6	—	3	6	1.4	2.8	15	1.2	—	—	1	0.08	1	0.1
Osseous	—	—	—	—	1	—	0.4	—	—	—	—	—	1	0.08	1	0.06	—	—	4	0.5
Glandular	—	—	—	—	4	2	1.6	0.7	3	—	1.4	—	9	0.7	10	0.6	5	0.4	6	0.7
Rickets	18	13	11.6	7.6	28	22	11.6	8.6	14	7	6.7	3.3	102	8.2	123	7.4	76	5.9	50	6.3
Deformities	21	13	13.6	7.6	32	23	13.2	9.0	14	9	6.7	4.2	112	9.0	140	8.4	93	7.2	62	7.8
Skin Diseases	1	3	0.6	1.7	—	1	—	0.3	1	—	0.4	—	6	0.4	27	1.6	48	3.7	33	4.1
Infectious or Con- tagious Disease	1	4	0.6	2.3	1	1	0.4	0.3	1	—	0.4	—	8	0.6	22	1.3	9	0.7	28	3.5
Other Diseases or Defects	2	2	1.2	1.1	3	3	1.2	1.1	—	2	—	0.9	12	0.9	8	0.4	13	1.0	15	1.8
Unvaccinated	37	54	24.0	31.7	62	65	25.3	25.6	90	99	43.4	46.6	407	32.9	570	34.2	512	39.7	295	37.2
Mother goes out to work	27	25	17.5	14.7	41	43	17.0	16.9	28	27	13.5	12.7	191	15.4	243	14.6	210	16.3	117	14.7
Free from classified defect excluding defective teeth	51	53	33.1	31.1	70	66	29.0	26.0	88	60	42.5	28.3	388	31.3	633	38.0	701	54.4	365	46.0
Total number examined	154	170			241	253			207	212			1237		1662		1289		793	

will show them in detail. In every case the parent was advised and the case kept under observation by the School Nurse in order that appropriate treatment for the child might be obtained by the parents.

NON-ROUTINE EXAMINATIONS.

In addition to the routine examinations many children have been examined by the School Medical Officer both in the schools and at the School Clinic. These children did not come within the prescribed age groups for the routine examinations but were noticed as being defective in some manner. The parents were advised and the School Nurse kept them under observation in every case. The number of children dealt with in this way totalled 646.

TIME OCCUPIED IN INSPECTION.

The teachers carry out such preliminaries as weighing, measuring, preparation of cards—so far as name, address, etc., of the child is concerned, together with particulars of the home circumstances of the child—and notification to parents of the intended inspection, before the visit of the School Medical Officer. The School Nurse does a preliminary test of all children's eyesight using Snellen's test types. She also does a preliminary test of the hearing, using the watch, the tuning fork, and the forced whisper. The average time taken in the examination of each child by the School Medical Officer is five minutes.

GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

A table is given showing a summary of the defects found amongst the scholars examined, the children being classified according to age and sex. As a means of comparison percentages are also given for the years 1908, 1909, and 1910, although it is necessary to draw attention to the fact that in 1908 and 1909 a smaller number of children was dealt with and that in the present year three additional schools with many more scholars furnish the figures on which the percentages are worked as was also the case for 1910.

HEIGHTS AND WEIGHTS.

This table gives the figures in the case of the Batley school children examined. The figures are expressed in pounds and inches and also in kilogrammes and centimetres as required by the Board of Education. A comparison is also made with the figures for the West Riding of Yorkshire for the year 1910, and also with the standard of England and Wales as a whole, as taken from the Report of the Anthropometric Committee.

CLOTHING.

The figures given under this heading are supplied by the teachers and refer to the state of the child's clothing as it is seen in school all the year round, whether in good condition, dirty, ragged, insufficient, or otherwise.

NUTRITION.

	No. examined.	No. found defective	% defective
Batley, 1911 ...	1237	110	8.8
West Riding Area 1910... ..	59440	216	0.36

This condition is one of the most difficult to determine. At the same time it is of the greatest moment to the welfare of the school child. The Medical Inspector is very liable to deviate from the standard he has set up in his own mind. It is so easy to take the average condition of nutrition of the children in the particular school he is inspecting and this in itself may be quite a wrong standard to fix. For instance, in a poor class district, his standard, if taken on these lines, is apt to be too low.

Each child requires dealing with separately and a conclusion come to, after considering all the circumstances available in the history of the child. The ill-nourished children may be so from disease or want of food, but I do not think the latter applies to any considerable extent in Batley. In fixing a standard I have borne in mind the classification suggested by

TABLE OF HEIGHTS AND WEIGHTS—GIRLS.

				AGE LAST BIRTHDAY.								
Name of School.				5			7			13		
				Number examined	Average height in inches.	Average weight in pounds.	Number examined.	Average height in inches.	Average weight in pounds.	Number examined.	Average height in inches.	Average weight in pounds.
Park Road	...	...	...	10	37.5	32.9	27	43.6	43.6	28	56.0	72.6
St. Mary's	...	...	...	9	38.4	41.5	33	41.3	43.9	22	53.1	70.7
Healey	...	...	...	19	39.9	35.1	10	44.4	43.3	12	54.3	74.0
Purlwell	...	...	...	25	34.6	35.6	40	43.6	42.8	41	54.9	73.3
Parish Church	...	...	...	16	38.9	33.9	19	44.3	43.3	15	55.6	73.7
Staincliffe	...	...	...	13	39.3	34.9	12	44.6	42.6	13	53.7	68.2
Field Lane	...	...	...	17	38.6	34.3	21	42.3	39.0	—	—	—
Carlinghow	...	...	...	21	40.0	35.0	21	44.5	44.5	19	54.1	66.7
Brownhill	...	...	...	6	39.0	34.8	6	44.9	42.9	7	54.2	70.5
Warwick Road	...	...	...	17	38.0	32.8	26	44.2	42.3	25	55.6	77.3
Mill Lane	...	...	...	10	38.8	35.4	16	44.2	43.6	12	55.4	73.2
Hanging Heaton	...	...	...	3	39.5	33.8	8	45.3	45.6	6	55.5	69.9
Gregory Street	...	...	...	4	38.6	36.0	14	44.8	44.6	12	54.3	69.5
Average for the 13 Schools				170	38.5	35.0	253	44.0	43.2	212	54.7	71.6
West Riding				—	40.4	37.4	—	44.9	45.5	—	56.4	77.6
Anthropometrical Committee's Standard				—	40.5	39.2	—	44.4	47.5	—	57.7	87.2
Averages expressed in Metric Measure (Centimetres and Kilo- grammes)					cm.	kg.		cm.	kg.		cm.	kg.
(a) for the Thirteen Schools				—	98.0	15.7	—	112.0	19.7	—	139.6	32.5
(b) West Riding				—	103.0	17.0	—	114.5	20.7	—	143.6	35.3
(c) Anthropometrical Committee's Standard				—	103.0	17.5	—	113.0	21.5	—	146.0	39.5

TABLE OF HEIGHTS AND WEIGHTS—BOYS.

				AGE LAST BIRTHDAY.								
Name of School.				5			7			13		
				Number examined	Average height in inches.	Average weight in pounds.	Number examined.	Average height in inches.	Average weight in pounds.	Number examined.	Average height in inches.	Average weight in pounds.
Park Road	...	...	...	8	38.5	34.1	18	43.2	43.9	24	53.7	71.1
St. Mary's	...	...	...	12	37.2	41.0	22	41.7	46.6	19	52.5	65.8
Healey	...	...	...	13	39.4	36.1	14	44.9	44.0	10	55.2	75.1
Purlwell	...	...	...	17	39.0	35.8	38	44.4	44.6	27	54.0	69.5
Parish Church	...	...	...	16	39.3	35.8	13	43.6	42.3	24	54.6	70.3
Staincliffe	...	...	...	14	39.3	35.4	11	44.1	43.5	17	54.0	67.2
Field Lane	...	...	...	16	39.3	36.5	23	43.9	41.7	—	—	—
Carlinghow	...	...	...	16	39.5	36.7	20	44.1	45.4	17	55.2	74.2
Brownhill	...	...	...	11	38.3	35.9	14	44.6	43.0	6	53.2	65.3
Warwick Road	...	...	...	16	37.2	33.6	24	42.7	42.5	33	53.7	70.0
Mill Lane	...	...	...	9	38.7	35.9	24	44.0	45.4	12	54.8	73.7
Hanging Heaton	...	...	...	2	38.1	31.7	8	44.0	45.3	18	54.9	70.7
Gregory Street	...	...	...	4	39.8	37.2	12	44.6	44.3	—	—	—
Average for the 13 Schools	...	...	...	154	39.4	35.8	241	43.7	44.0	198	54.1	70.3
West Riding	...	...	...	—	40.6	38.8	—	44.7	46.2	—	55.3	77.6
Anthropometrical Committee's Standard	...	...	...	—	41.0	39.9	—	45.9	49.7	—	56.9	82.6
Averages expressed in Metric Measure (Centimetres and Kilo- grammes)					cm.	kg.		cm.	kg.		cm.	kg.
(a) for the Thirteen Schools	...	...	...	—	96.6	16.4	—	109.6	20.0	—	117.5	31.9
(b) West Riding	...	...	...	—	103.0	17.5	—	113.0	20.9	—	140.0	35.3
(c) Anthropometrical Committee's Standard	...	...	...	—	104.2	18.1	—	117.0	22.6	—	144.7	37.5

the Board of Education and at the same time have tried to bear in mind the picture of a healthy child. Some of the ill-nourished children were much better than others.

A number of poor children have been supplied with free meals during the year through the generosity of the School Canteen Committee which is composed of members of the Education Committee, who raise funds for this and other purposes by voluntary subscription, the holding of an annual dance, and other means.

CLEANLINESS.

These figures are supplied by the Head Teachers. The School Nurse follows up all cases of uncleanliness, visiting the houses and interviewing the parents.

VERMINOUS HEADS.

	No. examined	No. found defective	% defective
Batley, 1911 ...	1237	266	21.5
West Riding Area 1910... ..	59440	11420	19.21

There is no doubt this is the black spot in our schools. What makes matters worse is that it is entirely a preventable condition. A study of the large table giving particulars of defects found amongst the scholars will show that the boys are practically free from vermin, the condition being almost entirely confined to the girls. In the thirteen year old group not a single boy was found to be verminous whilst amongst the girls no less than 44.3 per cent. of them had vermin amongst their hair. At the risk of telling unpleasant truths this question has to be faced, and when one sees that very nearly every second girl aged thirteen in the Batley schools was in this condition when examined I think the time has arrived for a determined effort to be made to stamp out this state of affairs. It should also be remembered that these examinations did not take place at uncertain periods but that the parents of each child had about one week's notice of the fact that the examination would take

place. It is not entirely a question for the parents, for although one is aware the mother is morally responsible, a girl of thirteen is quite able to cleanse her own head after printed directions have been supplied to her to take home. The School Nurse has made great efforts during the year to improve matters. The schools have been periodically visited and every girl's head examined. Wherever vermin was found to be present the Nurse has talked to the girl, told her what to do, and given her a printed card (a copy of which is given below), to take home to her mother in a sealed envelope. In addition, the Nurse has frequently visited and re-visited the homes of these children but progress is very slow. Under the Children's Act of 1908, 24 hours' cleansing notices have been served on parents in some of the worst cases and in two cases the Committee ordered the parents to be prosecuted. Both appeared before the magistrates and were convicted, nominal fines being inflicted as they were the two first cases taken. The Bench also warned the parents. I have the greatest sympathy with those parents who do their utmost to keep their children in a cleanly condition. There are many of them in the town and it is not always, by any means, that the mother is to blame for her daughter's condition. It is unfair that clean children should be obliged to sit in school next to children in a verminous condition. The cleanest child is liable to become verminous if exposed to the infection in this manner. We take the greatest precautions to prevent the admission to school of children suffering from infectious diseases in order to safeguard the health of those children already in school, and I consider that parents are equally entitled to have their children protected from infection of this description. If every parent whose child attends school in a verminous condition would act on the instructions given the whole of the Batley schools could quite readily be freed in one week, the condition would be stamped out, and there would not be a single scholar in any school with other than a clean head. Last year I made two propositions, which, if they were adopted, would be of great benefit, and I now repeat them:—

- (1). Every girl with long hair to be obliged to wear it plaited whilst in school.

By this means an end would at once be made of one ever present risk of contagion, as girls sitting close together would not have their hair intermingled, as frequently happens now.

- (2). An admission day to be appointed for every school, and on this particular day at a specified time, children could enter the school as new scholars and at no other time. The School Nurse would be present and see all new admissions, and any children in a verminous condition could be refused admission until cleansed. Any other children who were physically afflicted would at once be brought to the knowledge of the School Medical Officer who would be aware of their presence in school without the lapse of time between their admission and the next routine inspection. This regulation could be quite easily worked, would inflict no hardship upon teachers or parents, and the gain to the health of the scholars as a whole would be great.

I would add two more proposals this year:—

- (3). No girl with a verminous head to be allowed to attend the Public Swimming Baths. Their attendance is not fair to other persons frequenting the Baths, and at the same time this prohibition would act as an incentive amongst the girls to retain clean heads. In order to take the responsibility from the teacher the School Nurse could let the teacher know who amongst the girls were fit, and who unfit, to attend the Baths.
- (4). All girls with verminous heads to be compelled to occupy certain seats at school. Certain other seats to be kept only for girls with clean heads. This, again, would act as a stimulus towards all girls being clean, and the School Nurse could inform the teacher. It is also not desirable that girls with unclean heads should attend the Cookery Classes.

It is unpalatable to have to draw attention to this condition, but the School Medical Officer's work is entirely to benefit the school children and hence it is his duty to point out unpleasant

facts with the hope of an improvement being the result. I have no doubt some persons outside the Education Committee will readily say that my remarks are discreditable to the town, but for their benefit I may say that there are many towns as bad, and others worse, than Batley. At the same time that is no reason why we should not desire to make a great improvement in our own conditions. The following is a copy of a printed card distributed where necessary:—

THIS CARD SHOULD BE KEPT FOR REFERENCE.

BOROUGH OF BATLEY.—EDUCATION COMMITTEE.

INSTRUCTIONS FOR CLEANSING HEADS.

The following treatment is usually successful, *within seven days*, in getting rid of lice and nits from the hair.

Rub well into the hair, especially the roots, a mixture of equal parts of paraffin and olive oil. Cover the hair with a piece of muslin or other cloth fastened round the head, and allow the oil to remain on the hair all night.

Wash the hair the following morning with water and soft soap, and then carefully comb the hair with a small toothed comb dipped in warm vinegar, which will remove the nits. Nits are the eggs laid by the lice and if not removed are quickly hatched, more lice being the result.

Scabs and sores on the head and swollen glands at the back of the neck, are almost always caused by lice. If the lice are got rid of, the sores quickly heal, and the swollen glands get better. Scabs should be gently removed when softened by the oil.

Do not use vinegar if there are sores on the head, as it may smart.

Continue the treatment every day until all nits have disappeared.

In bad cases it is best to cut the hair short, and this is advisable in cases where there are sores.

Every child's head should be clean, and there is no difficulty in keeping the head clean if these directions are followed and reasonable care used.

CAUTION!

Do not use paraffin near a fire or a naked light.

Public Health Department,
Batley.

OBSTRUCTED BREATHING.

			No. examined	No. found defective	defective
Batley, 1911	...	Adenoids	1237	34	2.7
		Enlarged Tonsils	1237	57	4.6
West Riding Area, 1910...	...	Adenoids	59440	1570	2.64
		Enlarged Tonsils	59440	6545	11.01

This is usually caused by abnormal conditions of the throat and nose owing to enlargement of the tonsils or the growth of adenoid vegetations in the nasal passages. The results, if untreated, are frequently a permanent injury to the child's health and mental faculties such as deafness, dulling of the intellect with consequent failure to obtain benefit from the instruction imparted in the schools, continual colds, bronchitis, and general liability to quickly fall a victim to illness. If the condition was not present such would not be the case. The expression of a child's face is also permanently altered by the presence of enlarged tonsils or adenoids, or both, the child ceasing to breathe naturally through the nostrils and becoming what is known as a "mouth-breather." It is important that surgical treatment should be obtained early in all cases, and parents are always strongly advised to have this done. This class of child is frequently what is known as a "Diphtheria Carrier," and it is

a danger to itself and all the other children in the school. Many children who have died from Diphtheria in the schools of this country have owed their death to the presence of some other child in the school who suffers from chronically enlarged tonsils and adenoids. It is not generally realised what a large share the "baby comforter," known also as the "dumb teat," plays in the production of this condition. Doctors, Nurses, Health Visitors, and others throughout the country have continually decried the use of this abomination.

A baby having one of these articles continually in its mouth suffers from a constant stimulation of its digestive system together with a constant flow of saliva into its mouth. Its palate gradually becomes deformed, its jaws become misshapen, and its front teeth in later life either decay very quickly or are displaced. Adenoids are a regular sequence of the use of the "Comforter," as well as enlarged tonsils and deafness. Many babies die from illnesses contracted through the comforter becoming dirty by dropping on the floor, etc., and being thrust back into the child's mouth. Diarrhœa and sickness constantly result from this and there is no doubt many children's deaths were caused during the recent hot summer by diarrhœa contracted in this way. It would be an inestimable benefit to the physique of this country if the sale of these articles was made illegal.

ENLARGED GLANDS.

	No. examined	No found defective	% defective
Batley, 1911 ...	1237	120	9.7
West Riding Area 1910... ..	59440	10993	18.50

Enlargement of the glands of the neck, either submaxillary or cervical, is generally the result of a verminous condition of the scalp, carious teeth, or skin lesions, the result of dirt. If these conditions remain unabated, the glands affected become chronically enlarged sometimes ultimately breaking down and forming abscesses, and occasionally becoming the seat of tuber-

cular infection. Glands in this condition offer a particularly favourable situation for the growth and development of the tubercle bacillus and hence it behoves parents to act on the advice always given them and see that the immediate cause of the condition is removed.

TEETH.

	No. Examined	Number	Percentage
All good	1237	244	19.7
1-4 defective	1237	407	32.9
4-9 defective	1237	460	37.1
All defective	1237	126	10.1
West Riding Area, 1910 ...			
Children with more than 4 carious teeth ...	59440	10437	17.56

Batley compares unfavourably with the West Riding area, the percentage of children in the Batley schools with more than four decayed teeth being 23.6, as against 17.56 in the West Riding, which itself is a high figure. During the year I saw two children in the schools whose parents had taken them to a dental surgeon and had a number of their teeth stopped. With this exception no evidence of any treatment could be seen amongst the scholars. In the case of the younger children who were in possession of temporary or "milk teeth" I found it difficult to prevail on the parents to obtain treatment for defects. They are mostly of opinion that the teeth would come out in time and that it would be all right if left to nature. This is a mistake. In some cases no interference is necessary, but when a young child is seen with all its teeth in a state of decay, and suppuration taking place around the stumps, the condition should be remedied, otherwise permanent injury is likely to result to the

child. The discharges from the suppurating teeth are being continually swallowed into the stomach with consequent injury to health. Extraction of teeth in young children is not to be recommended wholesale in every case for this causes the gum to become hard and obstruct the free growth of the permanent teeth. It is only with reference to the above cases that interference is, as a rule, desirable. It is remarkable that such slight importance is attached to these conditions by many parents who otherwise are most solicitous for their children's welfare. The same remarks apply to the older children and it should be realised that the future well-being of a child and its health in after years is frequently affected by the child having had the constitution undermined by a septic condition of the mouth during the most tender years of life when everything to promote health and growth should be provided. Apart from this there is also the attendant pains and discomforts due to continual toothache.

The older children should be taught to regularly use a toothbrush morning and night. By this means the teeth are kept in a cleanly condition and less likely to suffer from decay. I have not the least hesitation in asserting that the future men and women of this nation would be all the stronger and healthier if proper attention was paid to the hygiene of their mouths whilst they are yet school children. It has yet to be learnt by many people, who are otherwise well informed, that a healthy mouth means a healthy body with consequent escape from many diseases and disorders at present needlessly suffered from. There is no doubt that in many cases of tuberculosis the germ of the disease has obtained its first entry into the system through the inflamed gum around a suppurating tooth.

EYES.

EXTERNAL EYE DISEASES.

	No. examined.	No. found defective	% defective
Batley, 1911 ...	1237	42	3.3
West Riding Area 1910... ..	59440	2699	4.54

These conditions are mostly due to Blepharitis, which is an inflammation of the margins of the eyelids. It is frequently caused in the first place by neglect of the condition of the eyes in measles. If untreated and no spontaneous cure occurs the result is frequently disfigurement for life owing to chronic inflammation of the lids setting-in with the resultant loss of the eyelashes and eversion of the eyelids. This disease is one of those known as a dirt disease and usually is found in children who come from dirty homes, where little care is taken of their cleanliness, and it is frequently associated with verminous heads. Many of these cases are dealt with by the School Nurse at the School Clinic, but the difficulty is to get the children to attend regularly for this purpose.

Other causes of external eye disease commonly met with are Conjunctivitis and inflammatory condition of the Cornea. Squint or Strabismus is also seen often amongst the scholars. This is a condition which should receive appropriate treatment at its earliest recognition, otherwise the squinting eye is certain to become seriously and permanently injured. It is a condition that it is difficult to get parents to realise the importance of, as regards the future welfare of the child, and I have had many long talks with them on this point with more or less successful results. In the case of one child suffering from a very bad squint I asked the Committee to take action the result being that the parents were written to and informed that failing treatment being obtained for their child proceedings before the magistrates would be instituted. This letter had the immediate effect desired. The child had been under observation for three years and repeated representations to the parents were of no avail. The sight of one eye was gradually being diminished and in course of time the eye would have been practically blind

DEFECTIVE VISION.

	No. examined	No. found defective	% defective
Batley, 1911 ...	913	133	14.5
West Riding Area, 1910... ..	59440	4160	12.33

Only children in the 7 and 13 age groups had their vision tested, it being impracticable to deal with children aged 5 and under. Hypermetropia, as is usually the case, was found to be much more common than Myopia. Defective eyesight in children is usually an acquired condition although occasionally it may be inherited. In my experience I have found a close connection between defective sight in school children and badly-lighted class-rooms, but this is not to be taken as an invariable rule, for exceptions occur in which the sight may be found to be bad in the best lighted schools or vice versa. Generally speaking, however, bad lighting and bad sight run together.

In the Report of the Chief Medical Officer to the Board of Education for 1910 an enquiry carried out by Dr. Palgrave in schools in Middlesex with respect to the relationship between defective sight and badly-lighted class-rooms is discussed. Sir George Newman says:—

“ It would certainly appear that the prejudicial effects of lack of adequate lighting were established in this enquiry, and the result should encourage School Medical Officers to exert all possible influence in the direction of securing improvement of the lighting in older schools, and in ensuring that all new class-rooms are adequately lighted.”

It would be advantageous from every point of view if the School Medical Officer had the opportunity of seeing the plans when a new school or an addition to an existing school is about to be undertaken. It seems absurd that the School Medical Officer should have to report unfavourably upon new buildings after erection if conditions exist which are opposed to hygienic principles. In the interest of the children, the teachers, and the local authority, the School Medical Officer should consult with the Architect on all questions involving school hygiene.

This is the only way to ensure the erection of buildings which shall not act prejudicially upon the health of the children and their teachers.

The School Medical Officer could make suggestions to the Architect and a conference between these two persons would result in benefit to all parties concerned.

Where spectacles are needed some parents object to their children wearing them on the ground that it is liable to interfere with their chance of obtaining employment. A number of the parents think that if a child suffers from defective sight the one thing required must be a pair of spectacles.

I have often pointed out that such is not the case. There are many affections of the eyes which require special treatment and where, in many cases, spectacles would be positively harmful.

If spectacles are required they should be purchased from an optician after the child's eyes have been examined by a doctor and a prescription given for them in exactly the same way as a prescription for medicine would be obtained from the doctor and then taken to the chemist who would supply the medicine specified. It is impossible to properly examine a person's eyes and prescribe spectacles without the use of certain drugs which are dropped into the eyes. These drugs are only used by duly qualified medical men and hence the desirability of having the eyes examined and the prescription written for the spectacles by such a person should readily be grasped. The prescription can then be taken to the optician who will thus be in a position to supply appropriate lenses.

The cost of the spectacles is small if parents are content to have ordinary frames. Gold frames of necessity cost more money, but it should be realised that the lenses are the essential parts of the spectacles. In several cases of poverty where children's eyes have been medically examined in Bradford Infirmary, or elsewhere, the prescriptions have been brought to this office and spectacles have been obtained by me and paid for by the School Canteen Committee. The cost varies slightly, but it may be taken for all ordinary purposes that, unless special lenses are necessary, a child can obtain glasses at an average cost of about 2s. 0d. to 2s. 6d., and the great majority of children needing spectacles require only ordinary lenses. It should, therefore, not be out of the power of parents to purchase spectacles in most cases.

A printed card giving advice to the parent as to the procedure to be followed, is sent in every case of defective eyesight, and the School Nurse follows it up by visiting the home and advising the parents.

SPEECH.

	No. examined	No. found defective	% defective
Batley, 1911 ...	1237	19	1.5
West Riding Area, 1910... ..	59440	954	1.60

A larger percentage of children were found to be defective in their speech than was the case last year but unless due to some special cause, or in the case of the mentally defective, the children usually improve as age advances.

EAR DISEASE AND DEFECTIVE HEARING.

		No. examined	No. found defective	% defective
Batley, 1911 ...	Ear Disease	1237	8	0.6
	Defective Hearing	1237	21	1.6
West Riding Area, 1910 ...	Ear Disease	59440	1061	1.78
	Defective Hearing	59440	274	0.64

There is a decrease in the number of children found to be suffering from ear diseases as compared with the previous year. It is a coincidence that the percentage found to be defective in their hearing is precisely the same as in the preceding twelve months. The children's hearing is tested by the forced whisper and by the tuning fork. The watch is also sometimes used. In most cases of disease of the ears with discharge the cause has been one or other of the infectious diseases. Some other cases arise from abscesses forming in the ear during dentition. The condition is a very dangerous one for there is always the possi-

bility of abscess of the brain following and death being the result. The discharge commonly persists for a very long period and parents get tired of visiting the doctor, syringing the child's ears with appropriate lotions, or following out other treatment at the suggestion of their doctor. In these cases we endeavour to get the children up at the Clinic to be dealt with daily by the School Nurse, but it must be confessed that the results are disappointing for the children get tired of coming after a while and cease attending. In all cases, however, the danger is pointed out to the parents and they are urged to keep up the treatment. It is also brought to their notice that the treatment must be regular to ensure improvement and that irregular methods are of little use.

MENTAL CONDITION.

BACKWARD AND MENTALLY DEFECTIVE CHILDREN.

			No. examined	No. found defective	% defective
Batley, 1911	...	Backward	1237	25	2.0
		Defective	1237	2	0.1
West Riding Area, 1910	...		59440	282	0.83

The children referred to here are of two classes. In group one are those who are dull and backward, usually to be found in the lowest standards, and who appear to be unable to derive any benefit from being taught although they may be fairly intelligent in other ways. The second group comprises those children who should be educated in a special school being quite unfitted to be with other children and incapable of receiving instruction in an ordinary school. During the year the Committee have dealt with some children of this latter description as explained later in this Report.

DISEASE OF THE HEART.

	No. examined	No. found defective	% defective
Batley, 1911 ...	1237	10	0.8
West Riding Area, 1910... ..	59440	1533	2.57

The majority of the children found suffering from heart trouble had a history of a previous attack or attacks of rheumatic fever. Some cases were evidently congenital, there being no history of attacks of disease. In all cases the parents were advised to at once consult their own doctor, the teacher was informed of the condition found, and instructions given that the child should be exempted in future from drill, attendance at swimming baths, etc. The School Nurse keeps the child under observation.

DISEASE OF THE LUNGS (EXCLUDING PHTHISIS).

	No. examined	No. found defective	% defective
Batley, 1911 ...	1237	44	3.5
West Riding Area 1910... ..	59440	2571	4.32

These are mostly Bronchitis, Bronchial Catarrh, or some similar ailment.

DISEASES OF THE NERVOUS SYSTEM.

	No. examined	No. found defective	% defective
Batley, 1911 ...	1237	1	0.08
West Riding Area, 1910... ..	59440	294	0.49

Only one case was discovered it being Hemiplegia following convulsions in infancy.

TUBERCULOSIS.

		No. examined	No. found defective	% defective
Batley, 1911	{ Pulmonary	1237	15	1.2
	{ Osseous ...	1237	1	0.08
	{ Glandular	1237	9	0.7
West Riding Area. 1910...	{ Pulmonary	59440	252	0.42
	{ Other forms	59440	290	0.48

During 1910 no child who underwent the routine medical inspection was found to be suffering from Consumption of the lungs. This year (1911) fifteen children presented signs of being so affected. The physical symptoms varied greatly and it was not without serious consideration of each case that a diagnosis was finally made. Several of these children were classified as "most probably suffering from phthisis," but for all other purposes they were dealt with in just the same manner as those who presented more definite signs and symptoms. Some of these early cases are most difficult to diagnose for when the stage is reached in which definite physical signs are present and the tubercle bacillus is found in the sputum the infection has obtained a firm foothold and the patient is fairly advanced in the disease. The object is, therefore, to detect cases before they have reached this stage. These children were suitable for attendance at an open-air school and subsequently I make some suggestions in the section, "Open Air Schools." One child was found to be suffering from tuberculosis affecting the osseous system and nine with tubercular affections of the lymphatic system. These are also most suitable cases for attendance at open-air schools.

RICKETS AND DEFORMITIES.

		No. Examined	No. found defective	% defective
Batley, 1911	{ Rickets	1237	102	8.2
	{ Deformities	1237	112	9.0
West Riding Area 1910	{ Rickets	59440	1286	2.16
	{ Deformities	59440	2126	3.57

There is a large disproportion between the figures for Batley and for the West Riding. Where Rickets is the cause

children are usually seen in the elementary schools suffering from the deformities following an attack in earlier life. One sad feature about all these cases is that the disease should not occur, it being preventable. The main causes are improper feeding of infants and improper methods of feeding. Bad housing, want of ventilation, want of light, and similar insanitary conditions also assist in producing the disease with its resultant deformities.

Unfortunately this affection is not at all uncommon in Batley but it is hoped that in time the efforts of our School Nurses and Health Visitors will result in the disease becoming most uncommon. The teaching of mothercraft in our Schools and the carrying out by the present mothers of the simple advice given to them by the Nurses of the Public Health Department in this Borough will result in a great diminution, in the future, of the number of deformed limbs at present to be seen. The great difficulty is to get the present mothers to follow the advice given. They have their own methods, their ideas are fixed, and these are not readily to be altered.

SKIN DISEASES.

	No. Examined	No. found defective	% defective
Batley, 1911 ...	1237	13	1.0
West Riding Area 1910... ..	59440	2373	3.9

Thirteen children were found to be suffering from skin diseases, two being Eczema, two Scabies, eight Impetigo, and one Lupus.

INFECTIOUS DISEASES.

One case of Scarlet Fever was discovered during the routine school inspections. The child was five years old and had evidently been ill for some days. Steps were taken to immediately have her excluded from school and although her sister at home contracted the disease the other children in the school all fortunately escaped.

This Table gives the numbers and percentages of those examined who had suffered from the diseases indicated, classified according to sex and the age at which they were attacked.

		MEASLES.				SCARLET FEVER				DIPHTHERIA.				WHOOPIING COUGH.				CHICKEN POX				MUMPS.			
Ages.	No. Involved.		% of those examined who have had the disease.		No. Involved.		% of those examined who have had the disease.		No. Involved.		% of those examined who have had the disease.		No. Involved.		% of those examined who have had the disease.		No. Involved.		% of those examined who have had the disease.		No. Involved.		% of those examined who have had the disease.		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G			
0—1	13	17	2.1	2.6	—	1	—	0.1	—	—	—	—	13	10	2.1	1.5	2	7	0.3	1.1	—	1	—	0.1	
1—2	25	50	4.1	7.8	1	1	0.1	0.1	—	—	—	—	19	28	3.1	4.4	10	18	1.6	2.8	2	—	0.3	—	
2—3	69	94	11.4	14.8	2	4	0.3	0.6	1	1	0.1	0.1	31	40	5.1	6.2	19	24	3.1	3.7	6	3	0.9	0.4	
3—4	109	101	18.1	15.9	5	3	0.8	0.4	1	2	0.1	0.3	43	45	7.1	7.0	23	33	3.8	5.1	4	3	0.6	0.4	
4—5	112	99	18.6	15.5	6	10	0.9	1.5	3	4	0.4	0.6	40	58	6.6	9.1	24	29	3.9	4.5	15	10	2.4	1.5	
5—6	57	63	9.4	9.9	4	6	0.6	0.9	3	—	0.4	—	16	29	2.6	4.5	14	15	2.3	2.3	11	12	1.8	1.8	
6—7	38	36	6.3	5.6	7	5	1.1	0.7	6	5	0.9	0.7	19	11	3.1	1.7	10	15	1.6	2.3	7	8	1.1	1.2	
7—8	19	13	3.1	2.0	7	15	1.1	2.3	2	—	0.3	—	9	8	1.4	1.2	5	2	0.8	0.3	5	7	0.8	1.1	
8—9	4	2	0.6	0.3	4	4	0.6	0.6	1	1	0.1	0.1	1	—	0.1	—	2	1	0.3	0.1	3	—	0.4	—	
9—10	4	2	0.6	0.3	1	1	0.1	0.1	1	—	0.1	—	1	—	0.1	—	—	2	—	0.3	—	4	3	0.6	0.4
10—11	—	—	—	—	3	3	0.4	0.4	—	1	—	0.1	1	1	0.1	0.1	1	2	0.1	0.3	2	5	0.3	0.7	
11—12	1	1	0.1	0.1	—	5	—	0.7	—	2	—	0.3	—	—	—	—	—	—	—	—	4	3	0.6	0.4	
12—13	4	1	0.6	0.1	—	—	—	—	—	—	—	—	—	1	—	0.1	—	—	—	—	2	3	0.3	0.4	
Totals	455	479	75.5	75.4	40	58	6.6	9.1	18	16	2.9	2.5	193	231	32.0	36.3	110	148	18.2	23.3	65	58	10.7	9.1	
Totals and Percentages of all Examined (1237)	934		75.5		98		7.9		34		2.7		424		34.2		258		20.8		123		9.9		

The only notifiable infectious disease which caused trouble during the year, so far as the schools were concerned, was Diphtheria. Sporadic cases occurred in connection with the following schools:—

SCHOOL.	DEPARTMENT.		
	Boys	Girls	Infants
Purlwell			Infants
Warwick Road ...		Girls	Infants
Carlinghow ...		Girls	Infants
Park Road ...		Girls	Infants
Staincliffe ...	Mixed		Infants
Parish Church ...	Mixed		Infants
Healey ...	Mixed		Infants
St. Mary's ...			Infants
Field Lane ...			Infants

The whole of the schools in the Soothill Ward (Gregory Street, Hanging Heaton Church, and Mill Lane) escaped.

During the autumn arose what was the only epidemic connected with the schools during 1911. It consisted of a sudden outbreak of Diphtheria in Staincliffe Infants' School. On visiting this school and swabbing the infant's throats I found eighteen of those present in school to be carriers of the infection which was undoubtedly spread through the use of a single drinking mug by the scholars in this department. This outbreak is dealt with in the article upon Diphtheria in my Annual Report on the Health of the Borough during 1911. Great dissatisfaction was expressed by parents at their children being excluded from school when quite well to all outward appearance. It was extremely difficult to deal with them for most of them refused to accept the advice given and declined to believe their children were being kept away from school for any good purpose. Had these steps not been taken it is absolutely certain that many

children who were scholars at this school, and who escaped, would have contracted the infection and probably some would have lost their lives. Words of appreciation and thanks are due from me to Mr. and Mrs. Crow, the headmaster and headmistress respectively. They gave the School Nurse and myself all the help in their power, and, so far as I am aware, loyally carried out all the instructions I gave them, thus contributing in no small way to the success attained and to the prevention of any scare being raised. Measles troubled us from the end of March to the end of June. Whooping Cough was epidemic for the first six months of the year amongst some of the schools.

CLOSURE OF SCHOOLS.

It was not thought necessary to recommend the closure of any school during the year so far as the safety of the public health is concerned. When the attendance at any school falls very low it may be necessary to close that school on financial grounds in order to save the loss of grant. This is not a matter for the School Medical Officer to deal with. From his point of view school closure, except in special circumstances, may be the means of defeating efforts made to control infectious outbreaks of disease.

EXCLUSION OF CHILDREN.

In Batley a system is in operation which if properly carried out makes it almost impossible for infected children to obtain admission to school. As soon as a child is observed to appear unwell, or the child's absence from school is noted, the teacher is supposed to make enquiry. If the child is found to be suffering from illness the Education Committee require the teacher to fill up a form which is to be sent to the office of the School Medical Officer. The School Nurse then visits the child's home and reports to the School Medical Officer unless the child is suffering from one of the diseases included in the Infectious Diseases Notification Act, 1889, when this is dealt with directly by the Sanitary Staff in the ordinary way, under the direction of the Medical Officer of Health. If the case is an infectious one the child is excluded from school for a definite

period. Others from the same home are also excluded if necessary, and notice of all exclusions is sent to the Education Office and to the Head Teacher of the school. Each Head Teacher is furnished with a book of printed forms to fill up and printed addressed envelopes in which to forward the forms to the School Medical Officer. During the year the following have been received from the Head Teachers of the various schools and the cases dealt with by the School Medical Officer's Department:—

	1911.	1910.
Warwick Road Boys ...	3	14
Warwick Road Girls ...	4	21
Warwick Road Infants...	39	87
Staincliffe Infants ...	23	15
Staincliffe Mixed ...	11	1
Brownhill Mixed ...	12	2
Brownhill Infants ...	20	6
Parish Church Mixed ...	5	3
Parish Church Infants ...	50	1
Healey Mixed ...	8	0
Healey Infants ...	15	16
Field Lane ...	8	43
Purlwell Boys ...	8	15
Purlwell Girls ...	3	16
Purlwell Infants ...	27	40
Park Road Infants ...	58	28
Park Road Boys ...	7	1
Park Road Girls ...	0	3
St. Mary's Mixed ...	0	3
St. Mary's Infants ...	41	20
Carlinghow Boys ...	0	0
Carlinghow Girls ...	0	12*
Carlinghow Infants ...	8	9
Gregory Street Girls ...	6	7
Gregory Street Infants...	22	28
Mill Lane Mixed ...	21	40
Mill Lane Infants ...	33	34
Hanging Heaton ...	10	7

(*Several cases of Diphtheria occurred here during 1910).

In addition to the above the Attendance Officers have sent in notifications during the year, as follows:—

Mr. Hinchcliffe	...	...	...	...	74
Mr. Barker	...	...	...	...	157

Before the child can return to school a certificate must be obtained from the doctor in attendance certifying the child's recovery and this certificate is forwarded to the School Medical Officer, is at once accepted, and a notice sent to the Education Office and the Head Teacher certifying that the child or children may now return to school. If the parents object to obtain and pay for a certificate from their doctor an alternative is provided. The child can attend at the School Clinic between 9 and 9.15 any morning or between 2 and 3 o'clock any Friday afternoon to be seen by the School Medical Officer, who will then certify if the child is free from infection and fit to be re-admitted to school. In this case of course the parents are not put to any expense. There is thus no excuse for any parents to say that they cannot obtain a certificate on account of its cost. In all cases, however, a certificate from the family doctor is to be desired as he is the person who has attended the child professionally and, therefore knows the case throughout.

The Education Committee have given strict instructions that no child must under any circumstances be re-admitted unless these conditions have been complied with. In the case of Ringworm the certificate of the doctor in attendance must certify that there has been a microscopic examination of the hair. If this is not done, the child must attend at the bacteriological laboratory here and have the hair examined before permission is given to return to school.

It will thus be seen that no child can be re-admitted to school after being exposed to infection unless the certificate of the School Medical Officer has previously been received by the Head Teacher. The two following circulars bearing upon this point were sent to each Head Teacher in the Borough during 1910:—

Education Offices, Batley.

April 29th, 1910.

Revised October 21st, 1910.

Dear Sir (or Madam),

I am directed by my Committee to ask you to pay particular attention to the children excluded by the Medical Officer, and *under no circumstances* to allow them to return until sanction has been received from Dr. Pearce. I am to emphasise the point that certificates from the Family Practitioners are not to be accepted as sufficient reason for allowing children who have been excluded by the S.M.O., to return to school, but any such certificates are to be forwarded to Dr. Pearce who will then take such steps as he deems advisable to sanction (or otherwise) the return of the child in question.

Under no conditions should any child who has been suffering from any infectious disease, be allowed to return to school without the sanction of Dr. Pearce. In any case where a child has been excluded by the Family Practitioner and he certifies that the child is free from disease, the certificate should be immediately sent to Dr. Pearce who will recognise such certificate but the child must not be admitted till sanction is received from the S.M.O.

Yours truly,

G. R. H. DANBY.

Education Offices, Batley.

October 21st, 1910.

Dear Sir (or Madam),

Herewith I enclose another copy of my letter of April 29th, 1910, and am to inform you that the attention of the Committee has been called to certain cases in which the instructions contained therein have been ignored by Head Teachers: the Committee are inclined to view this as a very serious dereliction of duty in those cases where it has happened and I am to state that the reason for any future

admissions of children (who have been excluded either by Dr. Pearce or other doctors) which have not received the sanction of the S.M.O. will receive strict investigation by the Committee.

Yours truly,

G. R. H. DANBY.

I give a list of exclusions from school of all children during the year now being dealt with. The list refers to children actually attacked with infectious diseases, and also to contacts—that is to say, other children residing in the infected house but not themselves being sufferers from the particular disease.

See Pages 175 and 176.

RULES FOR EXCLUSION OF CHILDREN FROM SCHOOL.

In Batley the following rules are observed with respect to the exclusion of children from schools when coming from infected homes.

These rules are based upon the Memorandum on Closure of and Exclusion from School, 1909, which was drawn up conjointly by the Medical Officers of the Local Government Board and the Board of Education.

The following rules are subject to the proviso that each case as it occurs requires and receives individual consideration:—

Scarlet Fever. When a patient is treated in the Isolation Hospital, it is recommended to the Education Department that the Attendance Officers should not urge the child's return to school after discharge from hospital for fourteen days.

The same rule applies when the patient has been treated at home, after disinfection of the patient, his room, and belongings, on his recovery.

In special circumstances, it may be necessary for these periods to be extended.

NOTIFIABLE INFECTIOUS DISEASES

SUMMARY OF WEEKLY SCHOOL RETURNS.

WEEK ENDING.	Scarlet Fever		Diphtheria		Enteric Fever		Small-Pox		GRAND TOTAL.
	Total Cases	Total Contacts	Total Cases	Total Contacts	Total Cases	Total Contacts	Total Cases	Total Contacts	
6th January, 1911	—	—	1	—	—	—	—	—	1
13th " "	—	—	—	—	—	—	—	—	—
20th " "	—	—	—	—	1	—	—	—	1
27th " "	—	—	—	—	—	—	—	—	—
3rd February, 1911	—	—	1	—	—	—	—	—	1
10th " "	—	—	6	1	—	—	—	—	7
17th " "	1	—	7	1	—	—	—	—	9
24th " "	1	—	6	—	—	—	—	—	7
3rd March, 1911	3	—	6	—	—	—	—	—	9
10th " "	2	—	6	1	—	—	—	—	9
17th " "	2	—	8	6	—	—	—	—	16
24th " "	—	—	9	8	—	—	—	—	17
31st " "	1	1	9	7	—	—	—	—	18
7th April, 1911	1	1	3	—	—	—	—	—	5
14th " "	—	—	3	2	—	—	—	—	5
21st " "	—	—	3	4	—	—	—	—	7
28th " "	—	—	4	5	—	—	—	—	9
5th May, 1911	—	—	3	3	—	—	—	—	6
12th " "	—	—	2	2	—	—	—	—	4
19th " "	—	1	2	2	—	—	—	—	5
26th " "	—	—	3	4	—	—	—	—	7
2nd June, 1911	—	—	2	3	—	—	—	—	5
9th " "	—	—	2	3	—	—	—	—	5
16th " "	—	—	1	1	—	—	—	—	2
23rd " "	—	—	1	1	—	—	—	—	2
30th " "	—	—	—	—	—	—	—	—	—
7th July, 1911	—	—	—	—	—	—	—	—	—
14th " "	—	—	—	—	—	—	—	—	—
21st " "	—	—	—	—	—	—	—	—	—
28th " "	—	—	—	—	—	—	—	—	—
4th August, 1911	1	—	—	—	—	—	—	—	1
11th " "	1	—	—	—	—	—	—	—	1
18th " "	1	—	—	—	—	—	—	—	1
25th " "	1	—	—	—	—	—	—	—	1
1st September, 1911	1	—	—	—	—	—	—	—	1
8th " "	1	—	—	—	—	—	—	—	1
15th " "	1	—	1	4	2	—	—	—	8
22nd " "	—	—	—	1	1	—	—	—	2
29th " "	—	—	—	1	1	—	—	—	2
6th October, 1911	—	—	—	—	1	—	—	—	1
13th " "	—	—	—	—	1	—	—	—	1
20th " "	—	—	—	33	1	—	—	—	34
27th " "	—	—	2	31	1	—	—	—	34
3rd November, 1911	—	—	6	29	1	—	—	—	36
10th " "	—	—	7	26	1	—	—	—	34
17th " "	—	—	8	26	1	—	—	—	35
24th " "	—	1	1	23	—	—	—	—	25
1st December, 1911	1	—	1	10	—	—	—	—	12
8th " "	—	2	1	4	—	—	—	—	7
15th " "	—	2	1	3	—	—	—	—	6
22nd " "	—	2	1	—	—	—	—	—	3
29th " "	—	2	2	1	—	—	—	—	5

NON-NOTIFIABLE INFECTIOUS DISEASES.

SUMMARY OF WEEKLY SCHOOL RETURNS.

WEEK ENDING.	Measles.		Whooping Cough.		Chicken Pox		Mumps.		Ring-worm	GRAND TOTAL.
	Total Cases	Total Contacts	Total Cases	Total Contacts	Total Cases	Total Contacts	Total Cases	Total Contacts	Total Cases	
6th January, 1911	—	—	13	2	—	—	—	—	22	37
13th " "	1	—	19	2	—	—	—	—	20	42
20th " "	2	2	24	5	—	—	—	—	15	48
27th " "	2	2	22	5	—	—	—	—	17	48
3rd February, 1911	1	2	22	4	—	—	—	—	15	47
10th " "	4	2	21	4	1	—	—	—	16	48
17th " "	2	—	21	4	3	—	—	—	14	44
24th " "	2	—	23	3	5	2	—	—	16	51
3rd March, 1911	2	—	29	3	5	2	1	2	16	60
10th " "	3	1	27	—	6	2	4	3	18	64
17th " "	5	2	28	4	5	—	5	4	19	72
24th " "	9	7	35	8	5	—	1	1	18	84
31st " "	10	7	45	15	4	—	2	1	20	104
7th April, 1911	9	6	49	12	2	—	2	—	21	101
14th " "	18	9	51	12	2	—	1	—	20	113
21st " "	18	9	52	12	3	—	1	—	20	115
28th " "	19	9	61	22	—	—	1	1	18	131
5th May, 1911	16	8	50	27	—	1	1	—	20	123
12th " "	24	8	48	23	1	2	1	—	22	129
19th " "	32	8	44	25	1	2	1	—	22	135
26th " "	42	8	45	22	7	2	1	—	23	150
2nd June, 1911	38	4	45	19	7	2	2	1	21	139
9th " "	41	5	41	17	3	—	1	1	21	130
16th " "	37	5	37	13	10	7	1	1	17	128
23rd " "	35	5	36	12	7	—	—	—	19	114
30th " "	27	3	31	9	9	2	—	—	20	101
7th July, 1911	29	3	26	7	9	1	—	—	24	99
14th " "	16	2	23	6	6	3	4	2	21	83
21st " "	10	2	15	9	4	—	5	2	21	68
28th " "	9	1	10	8	4	—	5	2	21	60
4th August, 1911	5	1	6	4	4	—	5	2	21	48
11th " "	3	1	4	4	4	—	5	2	21	44
18th " "	3	—	3	4	—	—	—	—	21	31
25th " "	3	—	3	2	1	—	—	—	17	26
1st September, 1911	4	—	3	2	1	—	—	—	17	27
8th " "	3	—	3	2	1	—	—	—	15	24
15th " "	2	—	3	2	1	—	—	—	16	25
22nd " "	2	—	3	2	1	—	—	—	16	24
29th " "	6	—	3	2	1	—	2	—	18	32
6th October, 1911	5	—	2	2	1	—	3	1	18	32
13th " "	4	—	2	2	1	—	4	1	12	26
20th " "	4	2	2	2	1	—	3	2	12	28
27th " "	5	2	—	—	1	—	6	1	9	24
3rd November, 1911	4	—	—	—	1	—	5	2	8	20
10th " "	4	—	—	—	—	—	3	1	6	14
17th " "	4	—	—	—	1	3	16	1	6	31
24th " "	2	1	—	—	—	3	15	2	6	29
1st December, 1911	1	1	—	—	1	3	20	6	7	39
8th " "	—	—	—	—	2	5	33	13	7	60
15th " "	—	—	—	—	4	2	33	10	8	57
22nd " "	—	—	—	—	4	2	41	11	9	67
29th " "	—	—	—	—	4	2	41	11	9	67

As regards children being in infected houses, no children are allowed to attend school until the expiration of fourteen days from the day on which disinfection subsequent to the removal of the patient to hospital has taken place.

When the patient is treated at home, no children from the same house are allowed to attend school whilst the patient is infectious.

Diphtheria. When treated in the Isolation Hospital, it is recommended to the Education Department that the Attendance Officers should not urge the child's return to school for at least a fortnight after his discharge from the hospital.

When a patient has been treated at home three successive negative swabs must be obtained before disinfection of the patient, his rooms, and belongings.

It is also recommended to the Education Department that the Attendance Officers should not urge his return to school for at least a fortnight after this.

Children living in infected houses are not allowed to attend school for at least fourteen days after removal of the patient to the hospital.

Any carriers are not allowed to attend until three successive negative swabs from their throats have been obtained.

When the patient is treated at home, no other child from the same house is allowed to attend school until the patient himself is permitted.

Enteric (Typhoid) Fever. Children coming from homes where this disease exists, who are not themselves ill, are not excluded from school.

Erysipelas. Children coming from homes where this disease exists, who are not themselves ill, are not excluded from school.

Measles. Children attacked by Measles are, in Batley, kept from school for three weeks from the onset of their illness.

This is one week less than is recommended in the Joint Memorandum. Before return disinfection of the patient's room and belongings are carried out.

With respect to children living in infected houses, all children under seven years of age are excluded from school for three weeks, but children over seven years of age are permitted to attend school, provided that they themselves have already suffered from the disease.

Whooping Cough. Children attacked by Whooping Cough are, in Batley, kept from school for five weeks from the onset of their illness. This is one week less than is recommended in the Joint Memorandum. Before return disinfection of the patient's room and belongings are carried out.

With respect to children living in infected houses, all children under seven years of age are excluded from school for five weeks, but children over seven years of age are permitted to attend school, provided that they themselves have already suffered from the disease.

Mumps. In this disease only the patient himself is excluded from school. The period is for three weeks.

Chicken Pox. The patient is excluded from school for three weeks.

All children from the same family as the patient that attend the Infants' School are also excluded for the same period.

DISINFECTION AND CLEANLINESS OF SCHOOLS.

The schools in general are kept in a cleanly condition by the caretakers. A daily sweeping of the floors after each afternoon session is already carried out. Damp sawdust should be employed for this purpose and some disinfectant fluid should be mixed with the sawdust. By this means dust is kept down, whereas if dry sweeping alone is resorted to, the dust in great part is simply stirred up to be deposited on the walls, desks, etc. Occasionally during the last year, when measles and whooping cough were present in epidemic form, I have had certain schools sprayed with formalin. This I believe is beneficial, although

nothing can take the place of frequent washing with soap and water. Disinfection of schools in the sense understood by the public is of course impossible, and routine disinfection by chemical methods is useless and a waste of money. I am satisfied that disease in schools is spread by personal infection and not by means of desks, etc. A sufficient amount of pure air, proper ventilation, no overcrowding, cleanliness, and the prompt exclusion of any infected children from school will usually be sufficient to meet all requirements in controlling infectious diseases in schools.

DUST LAYING PREPARATIONS.

During 1910 two special preparations for this purpose were tried in Park Road and Purlwell Schools. Both gave excellent results. There was much less dust in the schools for some weeks after application. No further action was taken however and no dust laying preparations have been used during 1911. A diminution of dust means less illness and I would recommend the adoption of some dust laying preparation throughout the Batley schools as a subject well worth the Committee's consideration.

RINGWORM.

At the commencement of 1911 we had twenty-two children excluded from school on account of Ringworm. We finished the year by reducing that figure to nine.

If parents could be persuaded to take their children to have the X Rays applied their children should be cured and back in school in from six to eight weeks. Many parents have an objection fearing permanent injury to the brain, baldness, or an alteration to the colour of the hair growing from that part of the scalp to which the rays have been applied. These fears have not been found to be substantiated by facts.

Some cases are treated by the application of drugs by doctors for a few weeks but the parents get dissatisfied at the length of time required to establish a cure and either give up any treatment at all or drift into the hands of unqualified persons.

A large proportion of the parents obtain treatment from chemists. The remaining cases are those in which the parents will not trouble to do anything at all. These children have been got up to the School Clinic and there had formalin applied to their scalps at regular intervals with some good result.

VACCINATION.

	No. Examined	No. found vaccinated	% unvaccinated
Batley, 1911 ...	1237	407	32.9
West Riding Area, 1910... ..	59440	10202	17.16

The large number of unvaccinated children in our towns continues to be a serious menace to the security of the population from attacks of Small Pox. During 1911 32.9 per cent. of the children who underwent the routine medical inspection were found to be unvaccinated as shown above.

MOTHERS AT WORK.

	No. Examined	No. of Mothers who went to work	% of Mothers working
Batley, 1911 ...	1237	191	15.4
West Riding Area, 1910... ..	59440	3070	5.16

The above is not a correct figure for it has been found that some mothers have not answered the questions correctly whilst others gave no answer. It gives some idea of the relative number of mothers who stay at home however.

HOME CIRCUMSTANCES.

The Board of Education ask for information respecting the relationship between home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.

The main facts relating to these matters are gathered from a perusal of the articles in the Annual Report on the Health of the Borough in the earlier part of this volume. It is sufficient to say here that Batley is an industrial town, most of the inhabitants being engaged in the textile trade, and a number working in the coal mines. Female labour is employed in the factories to a great extent, and it is certainly a fact, readily seen in the schools, that those children whose mothers do not go out to work are the best cared for, although these are usually the houses where the least money is coming in. I give below a table dealing with the accommodation, so far as number of rooms and number of occupants is concerned, in the homes of the various children coming under routine examination.

ACCOMMODATION IN THE HOMES.

No. of Rooms in House.	No. of persons per Tenement.												Total
	1	2	3	4	5	6	7	8	9	10	11	12 and upwards	
1		1			1								2
2		2	34	74	85	69	23	12		1			300
3			26	94	95	121	65	31	24		3		459
4			16	52	56	49	34	24	29	9	2	1	272
5 and upwards			13	21	29	47	36	17	20	12	4	5	204

Taking three people to one room—which is one more than is usual—it will be seen that all to the right hand of the thickened line are apparently living under overcrowded conditions.

TREATMENT.

In cases of minor defects, where the parents do not display interest or are unable from various causes to take their children to a doctor, the cases are dealt with at the School Clinic by the Nurse, under the supervision of the School Medical Officer.

The various doctors in Batley are obviously the proper persons to treat the defects found in school children. There is always a class of parents in every town who will not trouble to have any treatment for defects found amongst their children. Batley is no exception to the rule, and it is mostly children from this class who comprise the patients at the School Clinic. There are some other children who come whose parents are too poor to pay a doctor, but these are small in number. There is no real poverty in Batley, as one understands poverty in our largest towns, unless it is due to drink, gambling, idleness, or some similar condition. Of course one is aware there are always temporary conditions arising which cause poverty everywhere, but I am dealing with the matter from the general standpoint.

Cases of Impetigo, Scabies, Sore Heads, Sore Eyes and Eyelids, are the commonest ailments dealt with at our School Clinic. The cleansing of Verminous Heads also takes up no small portion of the School Nurse's time. The following list shows the number of cases treated during the year:—

Verminous Heads ...	...	...	...	70
Impetigo Contagiosa	...	...	...	38
Sore Eyes ...	...	...	...	50
Various	...	...	...	40
Total ...				198

(Treatments were given to these 198 children 1,617 times).

The following is a list of cases where defects which have been discovered amongst the children in the schools have been remedied:—

Spectacles obtained	...	...	...	41 pairs.
Treatment for Enlarged Tonsils	...	...	...	7 cases.
Treatment for Adenoids	...	...	...	5 „
Teeth extracted in	...	...	...	14 „
Medical attention to children suffering from Heart Disease	...	...	...	5 „
Medical attention to children suffering from Tubercular Glands	...	...	...	7 „
Medical Treatment in Various Cases...	...	...	...	136 „
Total ...				215 „

BLIND, DEAF, MENTALLY AND PHYSICALLY DEFECTIVE, AND EPILEPTIC CHILDREN.

During 1911 on the representation of the School Medical Officer arrangements have been made by the Education Committee to send to the Leeds Home and School for the Deaf three children, aged respectively 5, 5, and 8, who are deaf and dumb. They are all males. Another boy, aged 7, who is an imbecile, is also expected to be sent to a suitable home at an early date. The Committee will bear practically the whole expense. The parents of each child have agreed to pay half-a-crown weekly towards that expense.

During the autumn an address was given in the Town Hall, Batley, to a meeting, over which the Mayor presided, by Miss Dendy, the head of the Colony for Imbeciles at Sandelbridge, Cheshire.

The object of the address was to draw attention to the urgent need for suitable provision to be made for the permanent detention and control of the feeble-minded. At the same time it was desired to raise funds in support of a home about to be established for Yorkshire on the lines of Sandelbridge. It is hoped that legislation may take place in the near future ensuring national provision being made for the permanent care of these unfortunate human beings. The Prime Minister recently announced his intention to introduce into Parliament a Bill which will deal with this important subject during the present year (1912).

HYGIENE AND TEMPERANCE.

In Batley the Board's syllabus of Lessons on Temperance for scholars attending Public Elementary Schools is followed. The ignorance displayed by mothers in matters pertaining to elementary hygiene is remarkable. The tremendous toll paid yearly by the State in the loss of thousands of infant lives is almost entirely due to the ignorance of a large proportion of mothers as to the proper way to feed, clothe, and handle a baby. It would be very beneficial if some teaching on the lines of the "Memorandum on the Teaching of Infant Care and Management in Public Elementary Schools," issued by the Board of Education in November, 1910, was given to the girls in the Batley schools.

A course for girls between 7 and 12 years of age is drawn up. Another course for girls between 12 and 14 is suggested. Sections (IV.) and (V.) relate respectively to "Personal Hygiene and the Elements of the Health of a Community" and "The Care of Infants and Young Children." It will be a short time which will elapse between these girls leaving school and some of them having homes of their own. Any instruction, therefore, given on these matters whilst in school and at an impressionable age will be found to be of benefit.

We possess in the Batley Public Health Department two trained Nurses, who are specially fitted to instruct girls between 12 and 14 in the subjects above referred to. One of them is the Health Visitor and the other the School Nurse. I am of opinion that if instruction on the lines suggested was given by one or both of these Nurses, the results would not only be reaped in the future, but at the present. These girls would naturally tell their mothers what they had learnt, and hence the probability is that the present mothers and their infants would benefit thereby. A good foundation would also be laid for ensuring that when the time arrived that they had their own homes and children to look after, their babies at least would have a much better chance of life than is the case with many at present. It is much easier to train girls when of school age than when they are older. A mother of a family will not readily alter all her ways on the advice of a Health Visitor unless some very good reason is shown. Even then it is not always done. It seems to me much more business-like to commence at the beginning by giving some training to those school girls who are about to leave, in order that when the time arrives to exercise their knowledge they may be able to use it to the best advantage, and not have to learn the right thing to do when it is too late, and perhaps their first baby has lost its life through the mother's ignorance of how to properly nurse it.

If the Committee think it desirable that this instruction should be given and which, in my opinion, is very necessary, I shall be glad to draw up a syllabus of demonstrations lasting about half an hour each time. The girls could come from the various schools to the Public Health Department in exactly the

same way as they go to Cookery lessons, or as the boys go to Woodwork instruction. On the other hand the Nurses could visit the schools and give the instruction to the girls on the school premises were this thought more acceptable.

PHYSICAL EXERCISES.

These exercises are carried out regularly with benefit to the pupils. Any children who are physically incapacitated are excluded from participating by the teachers on the representation of the School Medical Officer.

OPEN-AIR SCHOOLS.

There are children in attendance at the Batley schools whose health would be considerably improved were an open-air school available for them to be sent to. This improvement in health would have a beneficial effect upon their capacity for assimilating the knowledge imparted to them, and most probably would be the means of improving their after-lives both mentally and physically.

A summary of the present position in this country with respect to open-air education is given on pages 221 to 232 in the Annual Report for 1910 of the Chief Medical Officer of the Board of Education, Sir George Newman.

In some districts the open-air class-room has been adopted, thus making use of existing premises. Other districts have adopted, for a portion of the year, the method of encouraging out-door lessons in the playground.

A third method consists in sending out children from congested parts of towns for purposes of education and health to country schools. An example in our vicinity is that of the Barnsley Education Committee, who maintain a Holiday School and Camp at Ingbirchworth with accommodation for forty children.

It consists of a farm-house and ten acres of ground. During August and September, 1910, batches of 20 boys and a teacher were taken out for periods of one week.

The fourth method is that of building a special open-air school as at Bradford, Halifax, Sheffield, etc.

A method which I would suggest as specially applicable to Batley, and worth the consideration of the Education Committee, is that of open-air instruction being given in the Batley Park to those children certified by the School Medical Officer as capable of receiving benefit to health by attendance at an open-air school. There are various shelters in the Park, and I see no reason why the bandstand should not be utilised as an open-air class-room. The tramcars run past the Park entrance, and, therefore, there should be no difficulty in the conveyance to the Park and back again of those children who might attend. If desirable that meals should be supplied there is the Park Mansion, in which are facilities for cooking being undertaken. I suggest that this would be a cheap method of obtaining the advantages of an open-air school for Batley children without any expense being incurred in the construction of buildings, whilst at the same time much benefit would accrue to those children who attended. If the Education Committee could make some arrangements with the Parks Committee, I should be gratified.

Another step forward would have been taken to improve the health and physique of the inhabitants of the town.

COST OF MEDICAL INSPECTION.

As was the case in the preceding year the total cost of the work which has been done under this heading in the Borough of Batley during 1911 has amounted to a fraction over a halfpenny rate. This covers every item of expenditure, including salaries.

SCHOOL NURSE'S REPORT.

TO THE SCHOOL MEDICAL OFFICER.

SIR,

I beg to present to you a report on work done by me in my capacity as School Nurse during the year 1911.

The following is a brief summary:—

I have been present at the schools to assist the School Medical Officer in carrying out the Routine Inspection of all children in the 5, 7, and 13 age groups.

I have followed up 340 cases where defects were found at the Routine Medical Inspections, together with 215 cases where children were found to be suffering from Verminous Heads.

The total number of visits I have paid to the homes of children during the year amounts to 2,701.

At the close of the year the following were the results obtained in the case of those children where defects were found:—

Spectacles obtained	...	...	...	41 pairs.
Treatment for Enlarged Tonsils	...	...	...	7 cases.
Treatment for Adenoids	...	...	...	5 „
Teeth extracted in	...	...	...	14 „
Medical attention to children suffering				
from Heart Disease	...	...	...	5 „
Medical attention to children suffering				
from Tubercular Glands	...	...	...	7 „
Medical Treatment in Various Cases...				136 „

Respecting the 215 cases of Verminous Heads, I have visited the homes, instructed the mothers how to cleanse their children's heads, both verbally, by demonstration, and by leaving at the homes printed instructions. Where girls were big enough I have also advised and instructed them personally.

I have visited each school about once in every six weeks for the purpose of making an examination of every girl's head.

In those cases where the heads were found clean, I have always said a few words of praise to each girl.

In cases where the mothers cannot or will not cleanse their children's heads, I try to prevail upon them to let the child come up to the School Clinic, where the hair is speedily cleansed.

At the School Clinic the following cases have been dealt with by me under the supervision of the School Medical Officer:—

Sore Eyes ...	...	...	...	...	50
Impetigo Contagiosa	...	...	...	...	38
Discharging Ears ...	...	...	...	...	10
Ringworms (mostly of the skin) ...	...	...	...	...	26
Verminous Heads...	...	...	...	...	70
Various	...	...	...	...	4

The total number of children, therefore, who have attended at the School Clinic during the year amounts to 198. To these children 1,617 treatments have been given.

The scholars attending at the School Clinic are of the poorest class. If they had not been treated at the Clinic, there is very little hope of them having obtained treatment elsewhere.

I am, Sir,

Yours obediently,

ALICE MUSTO.

APPENDIX.

The following Tables give a CLASSIFICATION of the DEFECTS found in the individual schools.

They show for each school the total number of children examined at the *routine* inspection and the number and percentage of those examined found to be suffering from each class of defect.

The figures for boys and girls are given separately.

BROWNHILL C. E. SCHOOL, 1911.

DEFECTS FOUND.	1st Examination.				2nd Examination.				4th Examination.				Totals.	
	No. found.		ratio %		No. found.		ratio %		No. found.		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	4	1	36.3	16.6	8	2	57.1	33.3	1	1	16.6	14.2	17	34.0
Nutrition ...	2	—	18.1	—	1	—	7.1	—	—	1	—	14.2	4	8.0
Vermineous Head ...	—	2	—	33.3	—	2	—	33.3	—	3	—	42.8	7	14.0
Cleanliness ...	4	1	36.3	16.6	2	1	14.2	16.6	1	1	16.6	14.2	10	20.0
Adenoids ...	1	—	9.0	—	1	—	7.1	—	—	1	—	14.2	3	6.0
Enlarged Tonsils ...	2	—	18.1	—	2	1	14.2	16.6	—	2	—	28.5	7	14.0
Enlarged Glands ...	2	—	18.1	—	1	1	7.1	16.6	—	—	—	—	4	8.0
Teeth, all good ...	3	5	27.2	83.3	3	2	21.4	33.3	1	3	16.6	42.8	17	34.0
" 1-4 defective ...	3	1	27.2	16.6	6	2	42.8	33.3	4	1	66.6	14.2	17	34.0
" 4-9 " ...	5	—	45.4	—	4	—	28.5	—	1	3	16.6	42.8	13	26.0
" all " ...	—	—	—	—	1	2	7.1	33.3	—	—	—	—	3	6.0
External Eye Diseases ...	—	—	—	—	1	1	7.1	16.6	—	—	—	—	2	4.0
Defective Sight ...	—	—	—	—	5	1	35.7	16.6	—	—	—	—	6	18.1
Defective Speech ...	—	—	—	—	—	1	—	16.6	—	—	—	—	1	2.0
Ear Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	—	—	—	—	1	—	7.1	—	—	—	—	—	1	2.0
" Lungs ...	1	—	9.0	—	1	—	7.1	—	—	—	—	—	2	4.0
" Nervous System ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ...	—	—	—	—	1	—	7.1	—	—	—	—	—	1	2.0
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	1	—	7.1	—	—	—	—	—	1	2.0
Rickets ...	1	—	9.0	—	—	—	—	—	—	1	—	14.2	2	4.0
Deformities ...	1	—	9.0	—	—	—	—	—	—	1	—	14.2	2	4.0
Skin Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con- tagious Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or De- fects ...	1	1	9.0	16.6	—	—	—	—	—	—	—	—	2	4.0
Unvaccinated ...	1	5	9.0	83.3	2	1	14.2	16.6	3	5	50.0	71.4	17	34.0
Mother goes out to work ...	—	2	—	33.3	—	1	—	16.6	1	—	16.6	—	4	8.0
Free from classified defect, excluding defective teeth ...	3	3	27.2	50.0	5	1	35.7	16.6	5	3	83.3	42.8	20	40.0
Total number ex- amined ...	11	6			14	6			6	7			50	

WARWICK ROAD COUNCIL SCHOOL, 1911.

DEFECTS FOUND	1st Examination.				2nd Examination.				4th Examination.				Totals.	
	No. found.		ratio %		No. found.		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	10	1	62.5	5.8	7	3	29.1	11.5	5	8	15.1	32.0	34	24.1
Nutrition ...	1	—	6.2	—	3	2	12.5	7.6	5	4	15.1	16.0	15	10.6
Verminous Head ...	—	4	—	23.5	—	4	—	15.3	—	7	—	28.0	15	10.6
Cleanliness ...	11	2	68.7	11.7	9	2	37.5	7.6	6	9	18.1	36.0	39	27.6
Adenoids ...	1	—	6.2	—	—	—	—	—	1	—	3.0	—	2	1.4
Enlarged Tonsils ...	1	—	6.2	—	—	2	—	7.6	—	2	—	8.0	5	3.5
Enlarged Glands ...	—	—	—	—	1	3	4.1	11.5	2	2	6.0	8.0	8	5.6
Teeth, all good ...	10	5	62.5	29.4	6	2	25.0	7.6	7	—	21.2	—	30	21.2
„ 1-4 defective ...	4	10	25.0	58.8	4	3	16.6	11.5	22	18	66.6	72.0	61	43.2
„ 4-9 „ ...	1	1	6.2	5.8	8	14	33.3	53.8	4	7	12.1	28.0	35	24.8
„ all „ ...	1	1	6.2	5.8	6	7	25.0	26.9	—	—	—	—	15	10.6
External Eye Diseases ...	3	—	18.7	—	—	1	—	3.8	2	—	6.0	—	6	4.2
Defective Sight ...	—	—	—	—	2	2	8.3	7.6	5	7	15.1	28.0	16	14.8
Defective Speech ...	—	1	—	5.8	—	1	—	3.8	—	—	—	—	2	1.4
Ear Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing ...	—	—	—	—	1	4	4.1	15.3	—	1	—	4.0	6	4.2
Mental Condition ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward ...	—	—	—	—	2	4	8.3	15.3	—	—	—	—	6	4.2
Defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ Lungs ...	1	—	6.2	—	1	—	4.1	—	—	—	—	—	2	1.4
„ Nervous System ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ...	—	—	—	—	1	—	4.1	—	—	—	—	—	1	0.7
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	—	1	—	3.8	—	—	—	—	1	0.7
Rickets ...	3	1	18.7	5.8	5	2	20.8	7.6	1	2	3.0	8.0	14	9.9
Deformities ...	3	1	18.7	5.8	6	2	25.0	7.6	1	2	3.0	8.0	15	10.6
Skin Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con- tagious Disease ..	1	1	6.2	5.8	1	—	4.1	—	—	—	—	—	3	2.1
Other Diseases or de- fects ...	1	—	6.2	—	—	—	—	—	—	2	—	8.0	3	2.1
Unvaccinated ...	4	6	25.0	35.2	7	5	29.1	19.2	21	9	63.6	36.0	52	36.8
Mother goes out to work ...	4	2	25.0	11.7	6	4	25.0	15.3	5	3	15.1	12.0	24	17.0
Free from classified defect, excluding defective teeth ...	2	9	12.5	52.9	6	8	25.0	30.7	17	6	51.5	24.0	48	34.0
Total number ex- amined ...	16	17			24	26			33	25			141	

FIELD LANE COUNCIL SCHOOL, 1911.

DEFECTS FOUND.	Age 7. 1st Examination.				Age 7. 2nd Examination.				Totals.	
	No. found.		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G		
Clothing ...	3	3	18.7	17.6	8	7	34.7	33.3	21	27.2
Nutrition ...	2	1	12.5	5.8	5	3	21.7	14.2	11	14.2
Verminous Head ...	1	9	6.2	52.9	—	9	—	42.8	19	24.6
Cleanliness ...	2	3	12.5	17.6	10	6	43.4	28.5	21	27.2
Adenoids ...	—	—	—	—	1	2	4.3	9.5	3	3.8
Enlarged Tonsils ...	1	—	6.2	—	2	1	8.6	4.7	4	5.1
Enlarged Glands ...	—	—	—	—	3	2	13.0	9.5	5	6.4
Teeth, all good ...	2	10	12.5	58.8	3	2	13.0	9.5	17	22.0
„ 1-4 defective ...	10	4	62.5	23.5	4	2	17.3	9.5	20	25.9
„ 4-9 „ ...	4	3	25.0	17.6	14	13	60.8	61.9	34	44.1
„ all „ ...	—	—	—	—	2	4	8.6	19.0	6	7.7
External Eye Diseases	2	—	12.5	—	—	1	—	4.7	3	3.8
Defective Sight ...	—	—	—	—	2	2	8.6	9.5	4	9.0
Defective Speech ...	—	—	—	—	1	—	4.3	—	1	1.2
Ear Disease ...	—	—	—	—	—	1	—	4.7	1	1.2
Defective Hearing ...	—	—	—	—	—	1	—	4.7	1	1.2
Mental Condition,										
Backward ...	—	—	—	—	2	4	8.6	19.0	6	7.7
Defective ...	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	1	—	6.2	—	2	—	8.6	—	3	3.8
„ Lungs ...	2	1	12.5	5.8	1	—	4.3	—	4	5.1
„ Nervous System	—	—	—	—	—	—	—	—	—	—
Tuberculosis										
Pulmonary ...	—	—	—	—	1	—	4.3	—	1	1.2
Osseous ...	—	—	—	—	1	—	4.3	—	1	1.2
Glandular ...	—	—	—	—	1	—	4.3	—	1	1.2
Rickets ...	2	2	12.5	11.7	3	3	13.0	14.2	10	12.9
Deformities ...	2	2	12.5	11.7	4	3	17.3	14.2	11	14.2
Skin Diseases ...	1	—	6.2	—	—	1	—	4.7	2	2.5
Infectious or Con- tagious Disease ...	—	—	—	—	—	—	—	—	—	—
Other Diseases or De- fects ...	—	—	—	—	—	—	—	—	—	—
Unvaccinated ...	3	5	18.7	29.4	9	5	39.1	23.8	22	28.5
Mother goes out to work ...	1	5	6.2	29.4	3	6	13.0	28.5	15	19.4
Free from classified defect, excluding defective teeth ...	4	6	25.0	35.2	4	5	17.3	23.8	19	24.6
Total number ex- amined ...	16	17			23	21			77	

STAINCLIFFE C. E. SCHOOL, 1911.

DEFECTS FOUND.	1st Examination.				2nd Examination.				4th Examination.				Totals.	
	No. found		ratio %		No. found		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing	3	1	21.4	7.6	6	4	54.5	33.3	4	4	23.5	30.7	22	27.5
Nutrition	—	—	—	—	—	—	—	—	1	2	5.8	15.3	3	3.7
Vermineous Head	—	4	—	30.7	—	3	—	25.0	—	3	—	23.0	10	12.5
Cleanliness	1	1	7.1	7.6	5	4	45.4	33.3	2	4	11.7	30.7	17	21.2
Adenoids	—	—	—	—	—	1	—	8.3	1	—	5.8	—	2	2.5
Enlarged Tonsils	2	1	14.2	7.6	—	—	—	—	—	2	—	15.3	5	6.2
Enlarged Glands	—	1	—	7.6	4	2	36.3	16.6	4	1	23.5	7.6	12	15.0
Teeth, all good	—	2	—	15.3	2	—	18.1	—	3	5	17.6	38.4	12	15.0
„ 1-4 defective	3	4	21.4	30.7	1	4	9.0	33.3	3	5	17.6	38.4	20	25.0
„ 4-9 „	9	5	64.2	38.4	5	7	45.4	58.3	10	3	58.8	23.0	39	48.7
„ all „	2	2	14.2	15.3	3	1	27.2	8.3	1	—	5.8	—	9	11.2
External Eye Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Sight	—	—	—	—	1	2	9.0	16.6	—	1	—	7.6	4	7.5
Defective Speech	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Far Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart	—	—	—	—	—	—	—	—	1	—	5.8	—	1	1.2
„ Lungs	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary	—	—	—	—	—	—	—	—	1	—	5.8	—	1	1.2
Osseous	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets	2	—	14.2	—	—	—	—	—	2	2	11.7	15.3	6	7.5
Deformities	2	—	14.2	—	—	—	—	—	2	2	11.7	15.3	6	7.5
Skin Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Contagious Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or Defects	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unvaccinated	5	3	35.7	23.0	2	4	18.1	33.3	1	6	5.8	46.1	21	26.2
Mother goes out to work	1	1	7.1	7.6	1	1	9.0	8.3	2	1	11.7	7.6	7	8.7
Free from classified defect, excluding defective teeth	8	8	57.1	61.5	3	5	27.2	41.6	8	5	47.0	38.4	37	46.2
Total number examined	14	13			11	12			17	13			80	

HEALEY COUNCIL SCHOOL, 1911.

DEFECTS FOUND.	1st. Examination.				2nd. Examination.				4th. Examination.				Totals.	
	No. found		ratio %		No. found		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing	3	5	23.0	26.3	4	1	28.5	10.0	5	2	50.0	16.6	20	25.6
Nutrition	1	2	7.6	10.5	1	—	7.1	—	—	2	—	16.6	6	7.6
Vermineous Head	—	4	—	21.0	—	4	—	40.0	—	1	—	8.3	9	11.5
Cleanliness	3	4	23.0	21.0	4	1	28.5	10.0	5	2	50.0	16.6	19	24.3
Adenoids	1	3	7.6	15.7	—	—	—	—	—	—	—	—	4	5.1
Enlarged Tonsils	1	1	7.6	5.2	—	—	—	—	—	—	—	—	2	2.5
Enlarged Glands	3	6	23.0	31.5	6	2	42.8	20.0	1	—	10.0	—	18	23.0
Teeth, all good	3	5	23.0	26.3	2	1	14.2	10.0	2	1	20.0	8.3	14	17.9
" 1-4 defective	2	3	15.3	15.7	4	5	28.5	50.0	3	4	30.0	33.3	21	26.9
" 4-9 "	4	6	30.7	31.5	7	3	50.0	30.0	5	5	50.0	41.6	30	38.4
" all "	4	5	30.7	26.3	1	1	7.1	10.0	—	2	—	16.6	13	16.6
External Eye Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Sight	—	—	—	—	1	2	7.1	20.0	1	3	10.0	25.0	7	15.2
Defective Speech	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ear Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart	—	—	—	—	—	—	—	—	—	1	—	8.3	1	1.2
" Lungs	1	1	7.6	5.2	2	—	14.2	—	—	—	—	—	4	5.1
" Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary	—	—	—	—	—	—	—	—	—	1	—	8.3	1	1.2
Osseous	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	1	2	7.1	20.0	1	1	10.0	8.3	5	6.4
Deformities	2	—	15.3	—	1	2	7.1	20.0	1	1	10.0	8.3	7	8.9
Skin Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con- tagious Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or Defects	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unvaccinated	6	7	46.1	36.8	5	3	35.7	30.0	6	3	60.0	25.0	30	38.4
Mother goes out to work	2	1	15.3	5.2	3	—	21.4	—	—	—	—	—	6	7.6
Free from classified defect, excluding defective teeth	7	4	53.8	21.0	4	5	28.5	50.0	3	6	30.0	50.0	29	3.71
Total number examined	13	19			14	10			10	12			78	

CARLINGHOW COUNCIL SCHOOL, 1911.

DEFECTS FOUND.	1st Examination.				2nd Examination.				4th Examination				Totals.	
	No. found.		ratio %		No. found.		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	16	18	100.0	85.7	1	5	5.0	23.8	4	4	23.5	21.0	48	42.1
Nutrition ...	—	2	—	9.5	6	2	30.0	9.5	—	3	—	15.7	13	11.4
Vermineous Head ...	—	5	—	23.8	—	8	—	38.0	—	8	—	42.1	21	18.4
Cleanliness ...	16	18	100.0	85.7	2	4	10.0	19.0	3	4	17.6	21.0	47	41.2
Adenoids ...	—	1	—	4.7	1	—	5.0	—	—	—	—	—	2	1.7
Enlarged Tonsils ...	—	1	—	4.7	1	1	5.0	4.7	—	2	—	10.5	5	4.3
Enlarged Glands ...	—	1	—	4.7	—	5	—	23.8	1	3	5.8	15.7	10	8.7
Teeth, all good ...	2	6	12.5	28.5	4	4	20.0	19.0	1	3	5.8	15.7	20	17.5
„ 1-4 defective ...	7	5	43.7	23.8	4	2	20.0	9.5	9	7	52.9	36.8	34	29.8
„ 4-9 „ ...	5	6	31.2	28.5	6	14	30.0	66.6	6	7	35.2	36.8	44	38.5
„ all „ ...	2	4	12.5	19.0	6	1	30.0	4.7	1	2	5.8	10.5	16	14.0
External Eye Diseases	1	—	6.2	—	2	—	10.0	—	1	1	5.8	5.2	5	4.3
Defective Sight ...	—	—	—	—	2	2	10.0	9.5	3	4	17.6	21.0	11	14.2
Defective Speech ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ear Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing ...	—	—	—	—	1	—	5.0	—	—	—	—	—	1	0.8
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward ...	—	—	—	—	—	—	—	—	—	1	—	5.2	1	0.8
Defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ Lungs ...	—	1	—	4.7	1	1	5.0	4.7	1	1	5.8	5.2	5	4.3
„ Nervous System	1	—	6.2	—	—	—	—	—	—	—	—	—	1	0.8
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ...	—	—	—	—	—	—	—	—	1	1	5.8	5.2	2	1.7
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	—	—	—	—	1	—	5.8	—	1	0.8
Rickets ...	—	1	—	4.7	2	—	10.0	—	3	—	17.6	—	6	5.2
Deformities ...	1	1	6.2	4.7	2	—	10.0	—	3	—	17.6	—	7	6.1
Skin Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con- tagious Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or De- fects ...	—	—	—	—	1	—	5.0	—	—	—	—	—	1	0.8
Unvaccinated ...	1	4	6.2	19.0	5	4	25.0	19.0	4	11	23.5	57.8	29	25.4
Mother goes out to work ...	3	2	18.7	9.5	2	2	10.0	9.5	2	2	11.7	10.5	13	11.4
Free from classified defect, excluding defective teeth ...	—	2	—	9.5	8	7	40.0	33.3	7	3	41.1	15.7	27	23.6
Total number examined ...	16	21			20	21			17	19			114	

ST. MARY'S R. C. SCHOOL, 1911.

DEFECTS FOUND	1st Examination				2nd Examination				4th Examination				Totals	
	No. found		ratio %		No. found		ratio %		No. found		ratio %		No	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	9	7	75.0	77.7	14	25	63.6	75.7	8	13	42.1	59.0	76	64.9
Nutrition ...	2	—	16.6	—	3	5	13.6	15.1	—	3	—	13.6	13	11.1
Verminous Head ...	—	6	—	66.6	1	30	4.5	90.9	—	14	—	63.6	51	43.5
Cleanliness ...	11	7	91.6	77.7	15	24	68.1	72.7	10	15	52.6	68.1	82	70.0
Adenoids ...	—	—	—	—	—	1	—	3.0	1	—	5.2	—	2	1.7
Enlarged Tonsils ...	—	—	—	—	—	1	—	3.0	1	1	5.2	4.5	3	2.5
Enlarged Glands ...	1	3	8.3	33.3	2	6	9.0	18.1	—	3	—	13.6	15	12.8
Teeth, all good ...	7	3	58.3	33.3	5	7	22.7	21.2	—	2	—	9.0	24	20.5
" 1-4 defective ...	1	—	8.3	—	4	12	18.1	36.3	11	8	57.8	36.3	36	30.7
" 4-9 " ...	3	5	25.0	55.5	9	13	40.9	39.3	8	12	42.1	54.5	50	42.7
" all " ...	1	1	8.3	11.1	4	1	18.1	3.0	—	—	—	—	7	5.9
External Eye Diseases	—	—	—	—	2	1	9.0	3.0	—	—	—	—	3	2.5
Defective Sight ...	—	—	—	—	1	5	4.5	15.1	1	6	5.2	27.2	13	13.5
Defective Speech ...	—	—	—	—	2	—	9.0	—	1	—	5.2	—	3	2.5
Ear Disease ...	—	—	—	—	—	1	—	3.0	—	—	—	—	1	0.8
Defective Hearing ...	—	—	—	—	—	1	—	3.0	1	1	5.2	4.5	3	2.5
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward ...	—	—	—	—	1	1	4.5	3.0	—	—	—	—	2	1.7
Defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	—	—	—	—	—	1	—	3.0	—	—	—	—	1	0.8
" Lungs ...	—	—	—	—	—	3	—	9.0	—	—	—	—	3	2.5
" Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ...	2	—	16.6	—	—	—	—	—	—	1	—	4.5	3	2.5
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	—	1	—	3.0	—	—	—	—	1	0.8
Rickets ...	2	—	16.6	—	3	2	13.6	6.0	1	—	5.2	—	8	6.8
Deformities ...	3	—	25.0	—	3	3	13.6	9.0	2	1	10.5	4.5	12	10.2
Skin Diseases ...	—	3	—	33.3	—	—	—	—	—	—	—	—	3	2.5
Infectious or Con-...	—	3	—	33.3	—	1	—	3.0	—	—	—	—	4	3.4
tagious Disease ...	—	3	—	33.3	—	1	—	3.0	—	—	—	—	4	3.4
Other Diseases or De-	—	—	—	—	—	—	—	—	—	—	—	—	—	—
fects	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unvaccinated ...	3	3	25.0	33.3	7	9	31.8	27.2	12	12	63.1	54.5	46	39.3
Mother goes out to	—	—	—	—	—	—	—	—	—	—	—	—	—	—
work ...	7	5	58.3	55.5	14	12	63.6	36.3	8	12	42.1	54.5	58	49.5
Free from classified	—	—	—	—	—	—	—	—	—	—	—	—	—	—
defect, excluding	—	—	—	—	—	—	—	—	—	—	—	—	—	—
defective Teeth ...	—	—	—	—	4	—	18.1	—	5	5	26.3	22.7	14	11.9
Total number	—	—	—	—	—	—	—	—	—	—	—	—	—	—
examined ..	12	9	—	—	22	33	—	—	19	22	—	—	117	—

PURLWELL COUNCIL SCHOOL, 1911.

DEFECTS FOUND.	1st Examination.				2nd Examination.				4th Examination				Totals.	
	No. found.		ratio %		No. found.		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	—	3	—	12.0	5	—	13.1	—	5	8	18.5	19.5	21	11.1
Nutrition ...	—	1	—	4.0	3	1	7.8	2.5	1	4	3.7	9.7	10	5.3
Verminous Head ...	—	5	—	20.0	—	17	—	42.5	—	21	—	51.2	43	22.8
Cleanliness ...	—	3	—	12.0	6	3	15.7	7.5	7	10	25.9	24.3	29	15.4
Adenoids ...	—	—	—	—	1	2	2.6	5.0	—	4	—	9.7	7	3.7
Enlarged Tonsils ...	—	1	—	4.0	—	2	—	5.0	3	5	11.1	12.1	11	5.8
Enlarged Glands ...	—	—	—	—	4	5	10.5	12.5	—	—	—	—	9	4.7
Teeth, all good ...	5	13	29.4	52.0	5	—	13.1	—	—	9	—	21.9	32	17.0
„ 1-4 defective ...	7	10	41.1	40.0	2	5	5.2	12.5	14	29	51.8	70.7	67	35.6
„ 4-9 „ ...	3	2	17.6	8.0	20	21	52.6	52.5	13	3	48.1	7.3	62	32.9
„ all „ ...	2	—	11.7	—	11	14	28.9	35.0	—	—	—	—	27	14.3
External Eye Diseases	1	—	5.8	—	—	2	—	5.0	2	1	7.4	2.4	6	3.1
Defective Sight ...	—	—	—	—	7	6	18.4	15.0	4	6	14.8	14.6	23	15.7
Defective Speech ...	—	—	—	—	1	3	2.6	7.5	1	—	3.7	—	5	2.6
Ear Disease ...	—	—	—	—	1	1	2.6	2.5	—	—	—	—	2	1.0
Defective Hearing ...	—	—	—	—	2	1	5.2	2.5	—	—	—	—	3	1.5
Mental Condition ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward ...	—	—	—	—	1	1	2.6	2.5	—	—	—	—	2	1.0
Defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	—	—	—	—	1	—	2.6	—	—	—	—	—	1	0.5
„ Lungs ...	2	4	11.7	16.0	1	4	2.6	10.0	1	1	3.7	2.4	13	6.9
„ Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ...	—	—	—	—	1	—	2.6	—	—	1	—	2.4	2	1.0
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	1	—	2.6	—	—	—	—	—	1	0.5
Rickets ...	2	3	11.7	12.0	2	3	5.2	7.5	2	—	7.4	—	12	6.3
Deformities ...	2	3	11.7	12.0	3	3	7.8	7.5	—	1	—	2.4	12	6.3
Skin Diseases ...	—	—	—	—	—	—	—	—	1	—	3.7	—	1	0.5
Infectious or Con- tagious Disease ..	—	—	—	—	—	—	—	—	1	—	3.7	—	1	0.5
Other Diseases or De- fects ...	—	—	—	—	1	2	2.6	5.0	—	—	—	—	3	1.5
Unvaccinated ...	4	3	23.5	12.0	7	9	18.4	22.5	11	21	40.7	51.2	55	29.2
Mother goes out to work ...	—	2	—	8.0	3	7	7.8	17.5	3	1	11.1	2.4	16	8.5
Free from classified defect, excluding defective teeth ...	12	12	70.5	48.0	17	9	44.7	22.5	11	13	40.7	31.7	74	39.3
Total number ex- amined ...	17	25			38	40			27	41			188	

HANGING HEATON C. E. SCHOOL, 1911.

DEFECTS FOUND.	1st. Examination.				2nd. Examination.				4th. Examination.				Totals.	
	No. found		ratio %		No. found		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing	1	1	50.0	33.3	5	1	62.5	12.5	15	4	83.3	66.6	27	60.0
Nutrition	—	—	—	—	—	1	—	12.5	3	1	16.6	16.6	5	11.1
Verminous Head	—	1	—	33.3	—	2	—	25.0	—	4	—	66.6	7	15.5
Cleanliness	2	1	100.0	33.3	4	3	50.0	37.5	11	3	61.1	50.0	24	53.3
Adenoids	—	—	—	—	—	—	—	—	1	—	5.5	—	1	2.2
Enlarged Tonsils	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enlarged Glands	—	—	—	—	1	—	12.5	—	1	1	5.5	16.6	3	6.6
Teeth, all good	—	1	—	33.3	1	2	12.5	25.0	4	1	22.2	16.6	9	20.0
" 1-4 defective	—	—	—	—	1	2	12.5	25.0	4	1	22.2	16.6	8	17.7
" 4-9	2	2	100.0	66.6	4	4	50.0	50.0	9	4	50.0	66.6	25	55.5
" all	—	—	—	—	2	—	25.0	—	1	—	5.5	—	3	6.6
External Eye Diseases	—	—	—	—	1	—	12.5	—	—	1	—	16.6	2	4.4
Defective Sight	—	—	—	—	1	1	12.5	12.5	1	1	5.5	16.6	4	10.0
Defective Speech	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ear Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart	—	1	—	33.3	—	—	—	—	—	—	—	—	1	2.2
" Lungs	—	1	—	33.3	—	—	—	—	—	—	—	—	1	2.2
" Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Osseous	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	1	—	5.5	—	1	2.2
Deformities	—	—	—	—	—	—	—	—	1	—	5.5	—	1	2.2
Skin Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con- tagious Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or Defects	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unvaccinated	—	3	—	100.0	2	3	25.0	37.5	7	2	38.8	33.3	17	37.7
Mother goes out to work	2	1	100.0	33.3	1	—	12.5	—	2	—	11.1	—	6	13.3
Free from classified defect, excluding defective teeth	—	—	—	—	3	4	37.5	50.0	3	1	16.6	16.6	11	24.4
Total number examined	2	3			8	8			18	6			45	

GREGORY STREET COUNCIL SCHOOL, 1911.

DEFECTS FOUND.	1st Examination.				2nd Examination.				4th Examination.				Totals.	
	No. found.		ratio %		No. found.		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	—	—	—	—	1	—	8.3	—	—	—	—	—	1	2.1
Nutrition ...	1	—	25.0	—	2	—	16.6	—	—	1	—	8.3	4	8.6
Verminous Head ...	1	—	25.0	—	—	4	—	28.5	—	5	—	41.6	10	21.7
Cleanliness ...	1	—	25.0	—	2	—	16.6	—	—	—	—	—	3	6.5
Adenoids ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enlarged Tonsils ...	—	—	—	—	1	—	8.3	—	—	—	—	—	1	2.1
Enlarged Glands ...	1	—	25.0	—	3	3	25.0	21.4	—	—	—	—	7	15.2
Teeth, all good ...	—	4	—	100.0	1	1	8.3	7.1	—	3	—	25.0	9	19.5
„ 1-4 defective ...	3	—	75.0	—	2	5	16.6	35.7	—	7	—	58.3	17	36.9
„ 4-9 „ ...	1	—	25.0	—	8	8	66.6	57.1	—	2	—	16.6	19	41.3
„ all „ ...	—	—	—	—	1	—	8.3	—	—	—	—	—	1	2.1
External Eye Diseases	1	3	25.0	75.0	—	—	—	—	—	3	—	25.0	7	15.2
Defective Sight ...	—	—	—	—	2	—	16.6	—	—	1	—	8.3	3	7.8
Defective Speech ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ear Disease ...	—	—	—	—	—	1	—	7.1	—	—	—	—	1	2.1
Defective Hearing ...	—	—	—	—	2	—	16.6	—	—	—	—	—	2	4.3
Mental Condition ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ „ Lungs ...	1	—	25.0	—	—	—	—	—	—	—	—	—	1	2.1
„ Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	3	1	25.0	7.1	—	—	—	—	4	8.6
Deformities ...	—	—	—	—	3	1	25.0	7.1	—	—	—	—	4	8.6
Skin Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con- tagious Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or de- fects ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unvaccinated ...	2	3	50.0	75.0	2	3	16.6	21.4	—	4	—	33.3	14	30.4
Mother goes out to work ...	—	—	—	—	1	1	8.3	7.1	—	1	—	8.3	3	6.5
Free from classified defect, excluding defective teeth ...	2	1	50.0	25.0	3	5	25.0	35.7	—	4	—	33.3	15	32.6
Total number ex- amined ...	4	4			12	14				12			46	

MILL LANE COUNCIL SCHOOL, 1911.

DEFECTS FOUND.	1st Examination.				2nd Examination.				4th Examination.				Totals.	
	No. found		ratio %		No. found		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing	4	1	44.4	10.0	5	—	20.8	—	2	3	16.6	25.0	15	18.0
Nutrition	2	1	22.2	10.0	1	3	4.1	18.7	1	—	8.3	—	8	9.6
Vermineous Head	—	2	—	20.0	—	—	—	—	—	5	—	41.6	7	8.4
Cleanliness	4	1	44.4	10.0	5	1	20.8	6.2	2	2	16.6	16.6	15	18.0
Adenoids	—	1	—	10.0	1	—	4.1	—	—	—	—	—	2	2.4
Enlarged Tonsils	—	—	—	—	—	1	—	6.2	—	1	—	8.3	2	2.4
Enlarged Glands	—	1	—	10.0	1	2	4.1	12.5	—	2	—	16.6	6	7.2
Teeth, all good	7	4	77.7	40.0	3	1	12.5	6.2	2	2	16.6	16.6	19	22.8
„ 1-4 defective	1	4	11.1	40.0	6	4	25.0	25.0	9	10	75.0	83.3	34	40.9
„ 4-9 „	1	1	11.1	10.0	10	6	41.6	37.5	1	—	8.3	—	19	22.8
„ all „	—	1	—	10.0	5	5	20.8	31.2	—	—	—	—	11	13.2
External Eye Diseases	1	—	11.1	—	—	—	—	—	—	—	—	—	1	1.2
Defective Sight	—	—	—	—	8	2	33.3	12.5	5	3	41.6	25.0	18	28.1
Defective Speech	1	—	11.1	—	—	—	—	—	—	—	—	—	1	1.2
Ear Disease	—	1	—	10.0	—	—	—	—	—	1	—	8.3	2	2.4
Defective Hearing	—	—	—	—	1	1	4.1	6.2	—	1	—	8.3	3	3.6
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward	—	—	—	—	3	1	12.5	6.2	—	—	—	—	4	4.8
Defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ „ Lungs	1	—	11.1	—	—	—	—	—	—	1	—	8.3	2	2.4
„ Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Osseous	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular	—	—	—	—	1	—	4.1	—	—	—	—	—	1	1.2
Rickets	2	—	22.2	—	4	—	16.6	—	—	—	—	—	6	7.2
Deformities	2	—	22.2	—	4	—	16.6	—	—	—	—	—	6	7.2
Skin Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Contagious Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or Defects	—	—	—	—	1	—	4.1	—	—	—	—	—	1	1.2
Unvaccinated	4	8	44.4	80.0	7	5	29.1	31.2	5	5	41.6	41.6	34	40.9
Mother goes out to work	3	1	33.3	10.0	3	1	12.5	6.2	2	—	16.6	—	10	12.0
Free from classified defect, excluding defective teeth	1	4	11.1	40.0	8	7	33.3	43.7	4	4	33.3	33.3	28	33.7
Total number examined	9	10			24	16			12	12			83	

BATLEY C. E. SCHOOL, 1911.

DEFECTS FOUND	1st Examination				2nd Examination				4th Examination				Totals	
	No. found		ratio %		No. found		ratio %		No. found		ratio %		No	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	1	—	6.2	—	3	1	23.0	5.2	3	1	12.5	6.6	9	8.7
Nutrition ...	—	2	—	12.5	2	2	15.3	10.5	2	—	8.3	—	8	7.7
Vermineous Head ...	1	6	6.2	37.5	1	4	7.6	21.0	—	7	—	46.6	19	18.4
Cleanliness ...	1	2	6.2	12.5	1	1	7.6	5.2	4	1	16.6	6.6	10	9.7
Adenoids ...	1	1	6.2	6.2	1	1	7.6	5.2	—	—	—	—	4	3.8
Enlarged Tonsils ...	—	1	—	6.2	2	2	15.3	10.5	2	1	8.3	6.6	8	7.7
Enlarged Glands ...	1	4	6.2	25.0	3	2	23.0	10.5	2	2	8.3	13.3	14	13.5
Teeth, all good ...	7	6	43.7	37.5	—	—	—	—	3	2	12.5	13.3	18	17.4
„ 1-4 defective ...	1	8	6.2	50.0	2	3	15.3	15.7	13	6	54.1	40.0	33	32.0
„ 4-9 „ ...	7	1	43.7	6.2	8	12	61.5	63.1	8	7	33.3	46.6	43	41.7
„ all „ ...	1	1	6.2	6.2	3	4	23.0	21.0	—	—	—	—	9	8.7
External Eye Diseases ...	—	—	—	—	—	—	—	—	1	2	4.1	13.3	3	2.9
Defective Sight ...	—	—	—	—	3	2	23.0	10.5	4	3	16.6	20.0	12	16.9
Defective Speech ...	1	—	6.2	—	1	1	7.6	5.2	—	—	—	—	3	2.9
Ear Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing ...	1	—	6.2	—	—	—	—	—	—	1	—	6.6	2	1.9
Mental Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ Lungs ...	—	1	—	6.2	—	—	—	—	—	—	—	—	1	0.9
„ Nervous System ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	—	—	—	—	2	—	8.3	—	2	1.9
Rickets ...	3	3	18.7	18.7	2	4	15.3	21.0	1	—	4.1	—	13	12.6
Deformities ...	2	3	12.5	18.7	3	4	23.0	21.0	2	—	8.3	—	14	13.5
Skin Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con-... tagious Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or De- fects	—	1	—	6.2	—	—	—	—	—	—	—	—	1	0.9
Unvaccinated ...	3	3	18.7	18.7	5	5	38.4	26.3	9	6	37.5	40.0	31	30.0
Mother goes out to work ...	1	2	6.2	12.5	1	2	7.6	10.5	2	1	8.3	6.6	9	8.7
Free from classified defect, excluding defective Teeth ...	9	4	56.2	25.0	3	8	23.0	42.1	12	4	50.0	26.6	40	38.8
Total number examined ...	16	16			13	19			24	15			103	

PARK ROAD COUNCIL SCHOOL, 1911.

DEFECTS FOUND.	1st Examination.				2nd Examination.				4th Examination				Totals.	
	No. found.		ratio %		No. found.		ratio %		No. found		ratio %		No.	%
	B	G	B	G	B	G	B	G	B	G	B	G		
Clothing ...	4	4	50.0	40.0	7	16	38.8	59.2	4	12	16.6	42.8	47	40.8
Nutrition ...	1	1	12.5	10.0	1	2	5.5	7.4	2	3	8.3	10.7	10	8.6
Vermineous Head ...	—	9	—	90.0	3	20	16.6	74.0	—	16	—	57.1	48	41.7
Cleanliness ...	4	3	50.0	30.0	12	19	66.6	70.3	5	11	20.8	39.2	54	46.9
Adenoids ...	1	—	12.5	—	—	1	—	3.7	—	—	—	—	2	1.7
Enlarged Tonsils ...	—	1	—	10.0	—	1	—	3.7	1	1	4.1	3.5	4	3.4
Enlarged Glands ...	—	1	—	10.0	—	4	—	14.8	—	4	—	14.2	9	7.8
Teeth, all good ...	4	4	50.0	40.0	2	4	11.1	14.8	3	6	12.5	21.4	23	20.0
„ 1-4 defective ...	1	1	12.5	10.0	6	8	33.3	29.6	11	12	45.8	42.8	39	33.9
„ 4-9 „ ...	2	5	25.0	50.0	9	11	50.0	40.7	10	10	41.6	35.7	47	40.8
„ all „ ...	1	—	12.5	—	1	4	5.5	14.8	—	—	—	—	6	5.2
External Eye Diseases ...	—	—	—	—	1	2	5.5	7.4	—	1	—	3.5	4	3.4
Defective Sight ...	—	—	—	—	1	1	5.5	3.7	5	5	20.8	17.8	12	12.3
Defective Speech ...	—	—	—	—	1	1	5.5	3.7	1	—	4.1	—	3	2.6
Ear Disease ...	—	—	—	—	1	—	5.5	—	—	—	—	—	1	0.8
Defective Hearing ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition														
Backward ...	—	—	—	—	2	2	11.1	7.4	—	—	—	—	4	3.4
Defective ...	—	—	—	—	—	—	—	—	1	1	4.1	3.5	2	1.7
Disease of Heart ...	—	—	—	—	—	—	—	—	—	1	—	3.5	1	0.8
„ Lungs ...	—	1	—	10.0	1	1	5.5	3.7	1	2	4.1	7.1	6	5.2
„ Nervous System ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis														
Pulmonary ...	—	—	—	—	—	—	—	—	1	2	4.1	7.1	3	2.6
Osseous ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glandular ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets ...	1	3	12.5	30.0	3	5	16.6	18.5	2	1	8.3	3.5	15	13.0
Deformities ...	1	3	12.5	30.0	3	5	16.6	18.5	2	1	8.3	3.5	15	13.0
Skin Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious or Con- tagious Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or De- fects ...	—	—	—	—	—	1	—	3.7	—	—	—	—	1	0.8
Unvaccinated ...	1	1	12.5	10.0	2	9	11.1	33.3	11	15	45.8	53.5	39	33.9
Mother goes out to work ...	3	1	37.5	10.0	3	6	16.6	22.2	1	6	4.1	21.4	20	17.3
Free from classified defect, excluding defective teeth ...	3	—	37.5	—	2	2	11.1	7.4	13	6	54.1	21.4	26	22.6
Total number examined ...	8	10			18	27			24	28			115	

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